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Survey Analysis and Reporting for the 1996 Health Care Survey of DoD Beneficiaries

Use and Source of Care Working Paper

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SURVEY ANALYSIS AND REPORTING FOR THE 1996 HEALTH CARE SURVEY OF DOD BENEFICIARIES

EXECUTIVE SUMMARY

Objective

This research on use and source of care was conducted to identify where Department of Defense (DoD) health care beneficiaries receive their health care, how much they use, and their insurance coverage. Use and source were examined by geographic location, gender, beneficiary type, regular source of care (use only), and health care region.

Procedure

In the spring and summer of 1996, the 1996 Health Care Survey of DoD Beneficiaries was mailed to a stratified sample of 156,838 active duty personnel, retirees, survivors and their adult family members. The questionnaire contained items concerned with the beneficiaries' source and use of health care in the past 12 months.

Findings

- Over 80 percent of active duty personnel used military sources for medical care in the past 12 months, but only one-fourth visited a civilian medical care provider.
- Retirees, survivors and their family members under age 65 always had the lowest proportion using military care.
- Regardless of regular source of care, under 20 percent of active duty family members and retirees and their family members age 65 and older had at least one overnight stay in a hospital in the past 12 months.
- Only 3.9 percent of active duty personnel with a military regular source of care are covered by private health insurance, whereas nearly half of active duty personnel with a civilian source of care have such insurance.
- Over 70 percent of retirees and their family members aged 65 and older with private health insurance pay for it themselves, in contrast to just over half (or less) of other beneficiary types with insurance.

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SURVEY ANALYSIS AND REPORTING FOR THE 1996 HEALTH CARE SURVEY OF DOD BENEFICIARIES

Introduction

This report provides a detailed look at where military beneficiaries get their health care; how much they use; and any insurance they have to help finance that care. The information in this report comes from the 1996 Health Care Survey of DoD Beneficiaries. The 89,701 respondents represent the views of the approximately 6.5 million adult beneficiaries of the Military Health Services System (MHSS). The report summarizes responses to questions about use and source of medical care and provides detailed analysis by geographic location, beneficiary type, gender, and source of care.

Report Organization

The report begins with a short overview of the questionnaire and the sample of beneficiaries for the 1996 survey. Next, the report describes the analysis of the data. Tables in this report present findings by beneficiary location, gender, beneficiary type (active duty personnel; active duty family members; retirees, survivors and their family members under age 65; and retirees, survivors and their family members age 65 or over), and source of care.

The 1996 Questionnaire

The 1996 Health Care Survey of DoD Beneficiaries provides detailed information on health care delivery from the point of view of the beneficiary. This section briefly describes the questionnaire. The survey has nine major sections, including:

- “Your Health and Daily Activities”—This section contains the 12 questions that comprise the Health Institute’s SF-12 Health Survey¹, a widely used and validated instrument that measures distinct aspects of personal health.
- “Preventive Health Care and Health Habits”—This section asks beneficiaries 17 questions about personal health habits and whether an individual received specified preventive exams.
- “Place of Medical Care and Health Insurance Coverage”—This section contains 10 questions about the beneficiaries’ usual source of care and the type of health insurance coverage and who pays the premiums for private health insurance.
- “Medical Care at Military Facilities”—This section asks beneficiaries 12 questions about past use of military medical care, nights in a military hospital, ease of access to the military health care system (“process measures”), overall satisfaction with military health care, and reasons for not using military medical facilities, along with 32 questions rating specific aspects of military health care.
- “Medical Care at Civilian Facilities”—This section asks beneficiaries 12 questions about past use of civilian medical care, nights in a civilian hospital, ease of access to the civilian health care system (“process measures”), overall satisfaction with

¹The 1996 questionnaire includes the SF-12 Health Survey, item numbers 1 to 8, reproduced with permission of the Medical Outcomes Trust, copyright© 1994 The Health Institute; New England Medical Center.

civilian health care and satisfaction with CHAMPUS (TRICARE Standard) benefits, along with 32 questions rating specific aspects of civilian health care.

- “Dental Care”—Beneficiaries are asked three questions regarding their use of dentists or dental clinics in this section of the questionnaire.
- “TRICARE”—This section contains 18 questions that look at beneficiaries’ level and source of knowledge about TRICARE, their opinions about TRICARE and their current and future TRICARE enrollment plans.
- “Facts About You”—This section asks for demographic information, such as length of time in residence, source of eligibility for military health care, marital status, education, ethnicity and race, and age as well as other factors contributing to an explanation of health-related behaviors and opinions.

Sampling and Response Rates

The sample of beneficiaries for the 1996 survey were selected at random in catchment areas in the United States and overseas and in noncatchment areas. For noncatchment areas, beneficiaries were sampled separately within each of 12 regions, Alaska and overseas. To be eligible for the survey, an individual’s record in the Defense Enrollment Eligibility Reporting System (DEERS) had to indicate that the individual was:

- Eligible for military health care benefits as of October 28, 1995; and
- Age 18 or older.

Within each catchment area, the sample was stratified by six beneficiary groups: (1) active duty personnel; (2) active duty family members; (3) retirees under age 65; (4) family members under age 65 of retirees; (5) retirees age 65 and older; and (6) family members age 65 and older of retirees. Stratification means dividing the survey population into mutually exclusive subsets (strata) and then sampling individuals independently from each stratum. Stratification serves two main purposes:

- Stratification ensures that the sample is large enough at the catchment area level and within each beneficiary group to identify with specified precision differences in answers between catchment areas and beneficiary types.
- Stratification also permits a more nearly optimum allocation of sample within catchment areas, within beneficiary groups, and within the catchment areas of a region as a whole.

The number of beneficiaries sampled in each catchment area and beneficiary group depends on how confident we want to be that our findings reflect the true values and not chance. Meeting the precision requirements for this survey required approximately 90 to 100 respondents from each catchment area and beneficiary group combination. A response rate of 50 percent for active duty personnel and a 65 percent response rate for retirees and their families was assumed. The number of respondents required and the expected response rates determined the number of beneficiaries drawn from the sample. Table I and Table II show, for each segment of the

population, the number of survey respondents (beneficiaries who returned their surveys) and the population (weighted N) of beneficiaries represented by the returned surveys and the response rate.

Table I

Number of survey respondents and weighted N's for population segments

Population Segment	Survey Respondents	Weighted N	Response Rate
All Beneficiaries	89,701	3,701,051	58.1
Males	44,357	1,973,787	57.9
Females	45,344	1,727,264	58.3
Active Duty Personnel	17,154	714,233	45.0
Active Duty Family Members	14,096	465,586	45.9
Retirees, Survivors and Their Family Members Under Age 65	31,785	1,638,294	62.3
Retirees, Survivors and Their Family Members Age 65 or Over	26,666	822,938	76.3
Beneficiaries in U.S. Catchment Areas	63,459	2,204,963	59.7
Beneficiaries in U.S. Noncatchment Areas	14,186	1,234,854	62.0
Beneficiaries in overseas Catchment Areas	11,499	196,069	48.3
Region 1: Northeast	9,428	787,602	62.0
Region 2: Mid-Atlantic	5,673	632,777	58.3
Region 3: Southeast	8,660	757,861	58.3
Region 4: GulfSouth	7,503	433,308	60.8
Region 5: Heartland	3,884	468,373	59.4
Region 6: Southwest	10,128	727,040	58.1
Region 7: Desert States	5,896	300,288	62.4
Region 8: North Central	10,255	511,640	61.7
Region 9: Southern California	5,391	509,687	56.3
Region 10: Golden Gate	4,453	261,489	60.4
Region 11: Northwest	3,316	272,692	62.9
Region 12: Hawaii Pacific	1,286	104,399	62.4
Alaska	1,722	50,207	57.5

Table II

Number of survey respondents and weighted N's for each beneficiary group within each region

Health Care	Active Duty Personnel		Active Duty Family Members		Retirees, Survivors and Their Family Members Under Age 65		Retirees, Survivors and Their Family Members Age 65 or Over		Total	
Region	Survey Respondents	Weighted N	Survey Respondents	Weighted N	Survey Respondents	Weighted N	Survey Respondents	Weighted N	Survey Respondents	Weighted N
Region 1	1,424	176,327	1,417	113,992	3,476	328,675	3,111	168,608	9,428	787,602
Region 2	817	225,670	835	134,725	2,114	203,941	1,907	68,412	5,673	632,777
Region 3	1,285	151,104	1,285	101,956	3,166	337,608	2,924	167,193	8,660	757,861
Region 4	1,062	82,184	1,148	58,904	2,794	208,552	2,499	83,668	7,503	433,308
Region 5	594	103,230	602	60,241	1,398	219,781	1,290	85,120	3,884	468,373
Region 6	1,595	161,148	1,489	100,252	3,736	325,671	3,308	139,969	10,128	727,040
Region 7	941	60,658	878	40,568	2,130	134,213	1,947	64,849	5,896	300,288
Region 8	1,766	124,231	1,636	79,289	3,704	222,279	3,149	85,842	10,255	511,640
Region 9	874	162,367	794	90,222	1,924	161,280	1,799	95,818	5,391	509,687
Region 10	707	46,491	669	33,820	1,574	109,433	1,503	71,744	4,453	261,489
Region 11	451	55,818	501	42,180	1,239	118,980	1,125	55,715	3,316	272,692
Region 12	234	47,371	159	27,163	478	20,608	415	9,258	1,286	104,399
Alaska	380	20,565	320	13,136	617	14,329	455	2,177	1,772	50,207

Analysis of Use and Source of Care

Objective

The main objective of this analysis is to identify variation in the use of health care or insurance coverage of the MHSS population across location, beneficiary category or source of care. The analysis will be based on questions about outpatient visits and inpatient care at military and civilian facilities. These differences may reflect variation in access or health status and will drive variation in cost.

The content of these questions, the question numbers, and the variable names appear in Table III and Table IV. This report analyzes only the usual source of care and the insurance coverage.

Table III

Source of care measures

Question Content	Question Numbers	Variable Names
<i>Perceived Source of Care</i>		
Usual Source, when sick	27 and 28	H9627R and H9628
<i>Actual Use of Care</i>		
Health care from a Military Provider	38	H9638R
Health care from a Civilian Provider	51	H9651R
<i>Enrollment Status</i>		
Enrolled in TRICARE Prime - Military PCM	70 and 72	H9670R and H9672R
Enrolled in TRICARE Prime - Civilian PCM	70 and 72	H9670R and H9672R
Enrolled in TRICARE Prime	70 and 72	H9670R and H9672R

Table IV

Insurance Coverage

Insurance Coverage	Question Content	Question Number	Variable Names
CHAMPUS	Covered by CHAMPUS	31	H9631
CHAMPUS Supplemental	Covered by CHAMPUS Supplemental	32	H9632
Medicare, Part A	Covered by Medicare, Part A	33	H9633
Medicare, Part B	Covered by Medicare, Part B	34	H9634
Private Insurance	Covered by private insurance	35	H9635
Premium Payment	Who pays for the private coverage?	36	H9636

Research Questions

This working paper will address the following research questions:

- To what extent do patterns in the use of health care facilities differ by geographic location, beneficiary type, gender, and regular source of care?

- What percentage of beneficiaries made outpatient visits to military and civilian facilities by geographic location, beneficiary type, gender, and regular source of care?
- What was the average number of outpatient visits to military and civilian facilities (among those with at least one visit) by geographic location, beneficiary type, gender, and regular source of care?
- What percentage of beneficiaries stayed overnight in military or civilian hospitals, by geographic location, beneficiary type, gender, and regular source of care?
- What was the average number of nights in a military or civilian hospital (among those with at least one night) by geographic location, beneficiary type, gender, and regular source of care?
- What is the relationship between insurance coverage and beneficiary category, regular source of care and location?

Analytic Variables

To answer these research questions, several analytic variables were constructed to represent location, beneficiary type, gender and regular source of care. These variables are briefly described here; the *Technical Report* contains more detailed information. The analytic categories for this analysis are: Total DoD; U.S. catchment areas and U.S. noncatchment areas; overseas (outside the 50 United States); total for each region; gender; the four beneficiary types; and “regular source of care.” Answers to the question on “regular source of care” will be compared with answers to the questions concerning which health care facilities were used recently.

Regular Source of Care (XREGSRCE)

The constructed variable “regular source of care” is based on questions 27 and 28, which ask where beneficiaries usually seek care when they are sick or need advice. This variable has the following values (there will be a few who are unassigned):

- 1---Military;
- 2---Civilian;
- 3---None/don’t know.

Other Constructed Variables

The other constructed variables are used to identify individuals living inside U.S. catchment areas and display findings for this group by gender, beneficiary category, region, and source of care. Why were beneficiaries living inside U.S. catchment areas chosen for more detailed analysis? These individuals are of special interest for three reasons. First, they form the largest population group, accounting for approximately 75 percent of adult beneficiaries. Second, beneficiaries in this group typically have access to both military and civilian sources of health care. In contrast, beneficiaries living outside catchment areas do not have easy access to military care and beneficiaries living overseas do not have easy access to civilian care. Because beneficiaries living inside U.S. catchment areas typically have more choice for health care delivery, their views

are of particular interest to us. Finally, the MHSS has more tools for managing the care of this population. For example, beneficiaries living inside U.S. catchment areas must obtain a nonavailability statement before seeking civilian care if CHAMPUS is the primary insurer.

Four variables were used to identify beneficiaries living inside U.S. catchment areas and to group them by region, gender, and beneficiary category:

- The variable XLEVELWP groups individuals into three categories: (1) beneficiaries living in U.S. catchment areas; (2) beneficiaries living outside of U.S. catchment areas; and (3) beneficiaries living overseas. Catchment area codes provided by Office of the Assistant Secretary of Defense Health Affairs (OASD(HA)) using the Defense Medical Information System (DMIS) were used to classify beneficiaries into these categories.
- The variable XREGION further groups individuals into specific regions. Catchment area codes provided by OASD(HA) were used to identify the appropriate region for each beneficiary.
- The variables XSEX (male/female) and XBGC_S (beneficiary type) were also used to organize the data in the tables.

50-State Catchment Areas, 50-State Noncatchment Areas, Overseas (XLEVELWP)

These groups of beneficiaries were formed to ensure that beneficiaries living in catchment areas of the 50 states are selected for analysis. Here, catchment area codes provided by OASD(HA) using the Defense Medical Information System are used to classify beneficiaries. The key variable here is CACSMPL, a four digit number representing the catchment area status of each beneficiary when the DEERS file was frozen and the sample drawn. XLEVELWP takes on values as follows (there will be a few who are unassigned):

- 1---50-state catchment areas;
- 2---50-state noncatchment areas;
- 3---Overseas.

Only beneficiaries with a known value for this constructed variable were included in the denominators of tables.

50-State and Overseas Regions (XREGION)

These groups of beneficiaries will be formed to do analyses on beneficiaries living in the 50-state catchment areas for all working papers. In region-based research reports, beneficiaries in noncatchment areas will also be included in regional totals. Catchment area codes (CACSMPL) provided by OASD(HA) will be used to classify beneficiaries as located in a specific region as follows (there will be a few who are unassigned):

- 1---Northeast;
- 2---Mid-Atlantic;
- 3---Southeast;

- 4---Gulfsouth;
- 5---Heartland;
- 6---Southwest;
- 7---Desert States;
- 8---North Central;
- 9---Southern California;
- 10---Golden Gate;
- 11---Northwest;
- 12---Hawaii Pacific;
- 13---Alaska;
- 14---Overseas.

This constructed variable will allow the identification of the beneficiaries in a 50-state region or those who are overseas selected for a regional report. Only these fourteen values of this constructed variable will be used in analyses.

Organization of Tables

The remainder of this report presents detailed information on beneficiaries' use and source of care and source of health insurance coverage. For reporting purposes, information from the survey has been organized into a set of standardized tables separated by flow charts. The flow charts depict how the analytic groups were formed from subsets of the whole sample and indicate the unweighted sample size for these analytic groups. The flow chart boxes at the bottom of each chart represent the groups of beneficiaries used in calculating means or percentages for presentation in the table that follows the flowchart.

The first analytic table reports findings for DoD as a whole; by geographic location (in U.S. catchment areas, out of U.S. catchment areas, and overseas); and by region for the population living inside U.S. catchment areas. The second table reports findings by gender and beneficiary type for beneficiaries living inside U.S. catchment areas. The original six beneficiary groups were combined into four types (active duty personnel; active duty family members; retirees, survivors and their family members under age 65; retirees, survivors and their family members age 65 or over). The next table shows, for beneficiaries living in U.S. catchment areas, findings by source of care within the four beneficiary types. The three *regular source of care* categories are "military," "civilian," "none/don't know." The remaining tables report findings within each region, for each combination of beneficiary type and source of care just for the population living inside U.S. catchment areas.

Comparability of 1995 and 1996 Data

Much of the data in this report is not comparable to the data found in the 1995 tables because of both changes in the questions and changes in the methods of computing utilization rates. These changes are briefly described here:

- Changes to questions: We tried to measure the same concepts in both years. However, high item nonresponse in the 1995 survey resulted in substantial changes in the utilization questions. This effort was successful and respondents were much more likely to complete these questions in the 1996 questionnaire.
- Changes in computation: In 1995, we truncated visits (and hospital nights) at eleven. The resulting averages did not fully reflect the highly skewed shape of the utilization distributions. As a result, the 1996 use rates are uniformly higher than in 1995. Although real underlying changes in behavior may also be taking place, the increase largely reflects changes in the questions, which now ask for the exact number of visits and hospital nights, and the resulting changes in calculations.

Approach to Analysis of Use and Source of Care Data

The analysis of use and source of care data presented below employs the following general rules:

- The discussion stresses broad patterns that emerge by comparing table columns and rows. Specific values from table entries are cited only to illustrate examples of a pattern or to give an idea of the magnitude of differences among subgroups.
- For related groups of tables, the discussion appears before that group of tables. There are two main sections to this paper: (1) Use of Military and Civilian Sources of Care in the Past 12 Months; and a section on (2) Insurance Coverage.
- The discussion of results for individual health care regions is by exception indicating how a region varies meaningfully from the overall findings and in what ways a particular region is different.
- Differences between columns or rows of a single table, or between two different tables are discussed when they are either numerically large, or if these differences form a pattern in a row which is consistent across all columns of a table.
- The types of tables created are:
 - ♦ based upon all beneficiaries in U.S. catchment areas using either a military or civilian health care or none/don't know in the past 12 months;
 - ♦ concerned with geographic locations (total DoD, those in U.S. catchment areas, those in U.S. noncatchment areas, overseas, and U.S. catchment areas of specific health care regions and Alaska); and
 - ♦ beneficiaries in U.S. catchment areas who are either men or women; who are active duty members; family members of active duty personnel; retirees, survivors and their family members under age 65; or retirees, survivors and their family members age 65 or over.

Results of Analysis

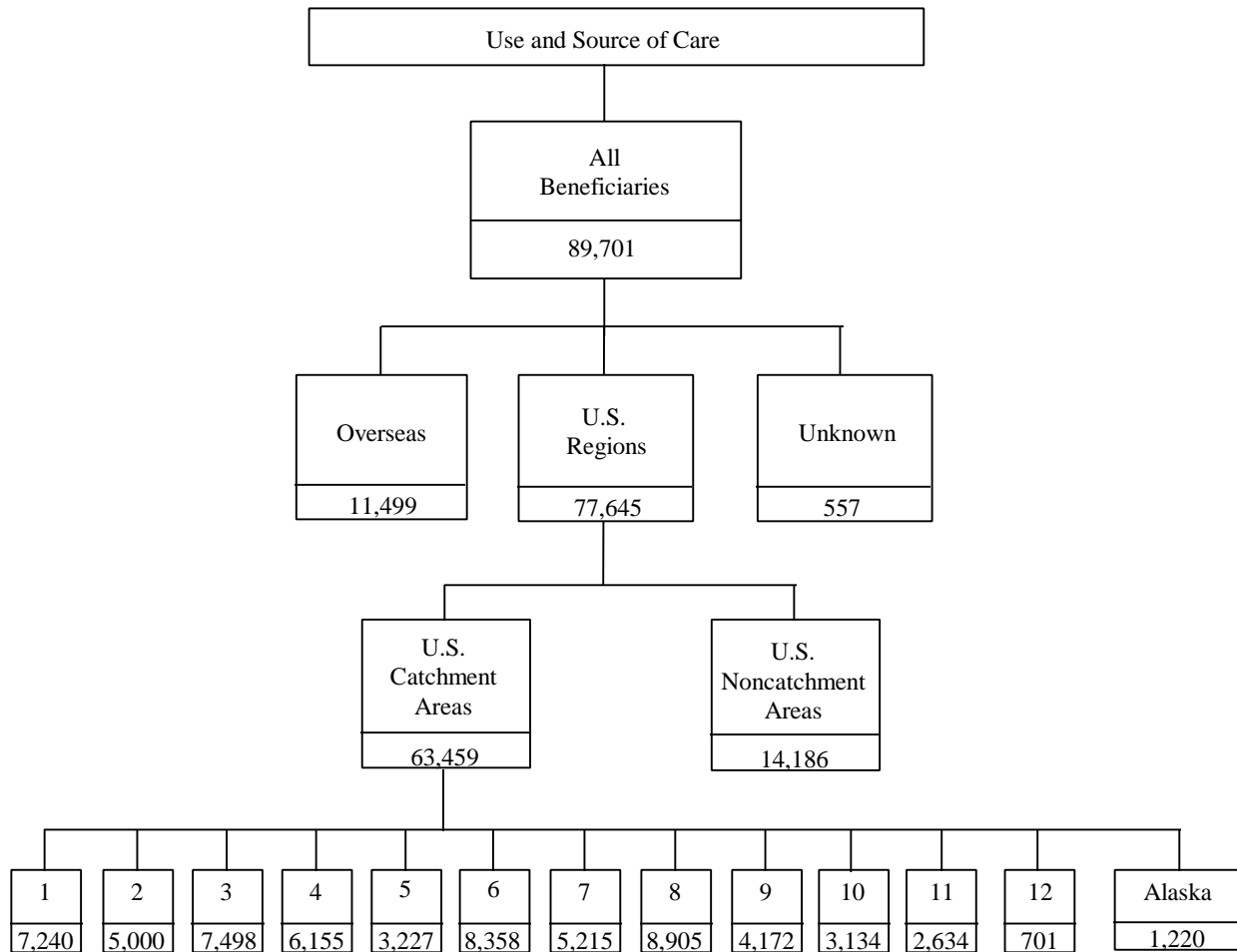


Figure 1. Use of military and civilian sources of care in past 12 months.

Beneficiaries' Use of Military and Civilian Sources of Care

This section summarizes beneficiaries' use of military and civilian sources of medical care, overall, and for subsets of the sample.

- Table 1a presents data on use of military and civilian sources of care, including outpatient visits and overnight hospital stays, for beneficiaries according to where they are stationed.
- Table 2a presents visits to military and civilian sources of care and nights in a hospital in the past 12 months, by gender and according to the four categories of beneficiary. The categories are: (1) active duty personnel; (2) active duty family members; (3) retirees, survivors, and their family members under age 65; and (4) retirees, survivors, and their family members age 65 or over.

- Table 3a shows the extent to which each of the four beneficiary types (active duty personnel, their family members, and retirees under age 65 and age 65 or over) used military or civilian sources of care during the past 12 months. Use of care is presented according to whether the perceived primary source of care is military, civilian, or none.

Beneficiaries' Use of Care by Location

Overall, 61.4 percent of DoD beneficiaries obtained medical care from military sources in the past 12 months. Approximately the same proportion, 60.3 percent, visited a civilian provider for care (Table 1a).

Table 1a shows the percentage using military care was highest at 80.2 percent among overseas beneficiaries. Overseas beneficiaries had the lowest proportion of users of civilian care at 34.5 percent. In catchment areas, 70 percent used military care, and 54.3 percent used civilian care. Within the U.S. but outside the catchment areas, only 38.7 percent used military care (the lowest rate) and 78.8 percent used civilian care (the highest rate).

Approximately 81 percent of beneficiaries overall made at least one outpatient visit for medical care in the last 12 months (see Table 1a). This percentage varied by only three percentage points across the three location categories.

Overall, 12.2 percent of DoD beneficiaries spent at least one night in a hospital. Table 1a also shows that across the three location categories, this percentage ranged from 10.3 percent (for overseas beneficiaries) to 13.3 percent (U.S. noncatchment area).

Beneficiaries' Use of Care by Gender and Beneficiary Type

Among both active duty personnel and their family members, approximately 83 percent used military sources for care in the past 12 months (see Table 2a). Approximately 56 to 57 percent of retirees and their family members, under and over 65 years of age, used military care in the past 12 months. Active duty family members used civilian care in the past 12 months twice as often as military personnel (54% versus 24%). Retirees and their family members over 65 were more likely than retirees under 65 to use civilian care in the past 12 months (83.1% versus 68.1%). Table 2a shows that active duty family members were most likely to have made outpatient visits in the past 12 months (88.1%), followed first by retirees and their family members (83.7%, over 65; 82.2%, under 65), and last by active duty personnel (78.3%). In the past 12 months, retirees and their family members age 65 and over were most likely to have spent at least a night in the hospital (18.2%), followed by active duty family members (17.3%), retirees and their family under age 65 (10.4%), and last by active duty personnel (7.5%). Women more often than men made at least one outpatient visit (87.2% versus 77.9%) and spent at least one night in a hospital (14.9% versus 9.3%).

Beneficiaries' Use of Care by Beneficiary Type and Regular Source of Care

Within all four beneficiary categories—active duty personnel and their family members, and retirees and their family members of any age—between 86.1 to 92.9 percent of those with a military regular source of care did use military care within the past 12 months. Retirees and their family members under age 65 had the lowest percentage of military care users. From 21 percent

(active duty personnel) to 61.2 percent (retirees and their family members age 65 and over) of those with a military regular source of care used civilian care in the past 12 months. Over 90 percent of active duty family members, and retirees and their family members of all ages with a civilian regular source of care visited a civilian medical care facility in the past 12 months but only 77.2 percent of active duty personnel did so.

Regardless of regular source of care, 90 percent of active duty family members made at least one outpatient visit in the past 12 months. From 82 to 88 percent of other beneficiary types made outpatient visits in the past 12 months, with no consistent variation by regular source of care.

Inpatient care presents a similar story. Regardless of regular source of care, 17.6 to 19.4 percent of active duty family members, and retirees and their family members age 65 and over, spent at least one night in a hospital in the past 12 months. Among active duty personnel and retirees and their family members under age 65, regardless of regular source of care, 8.3 to 11.6 percent were hospitalized at least once in the past 12 months.

Table 1a [Use of Military and Civilian Sources of Care in Past 12 Months By Location](#)

Table 1b [Use of Military and Civilian Sources of Care in Past 12 Months - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Location](#)

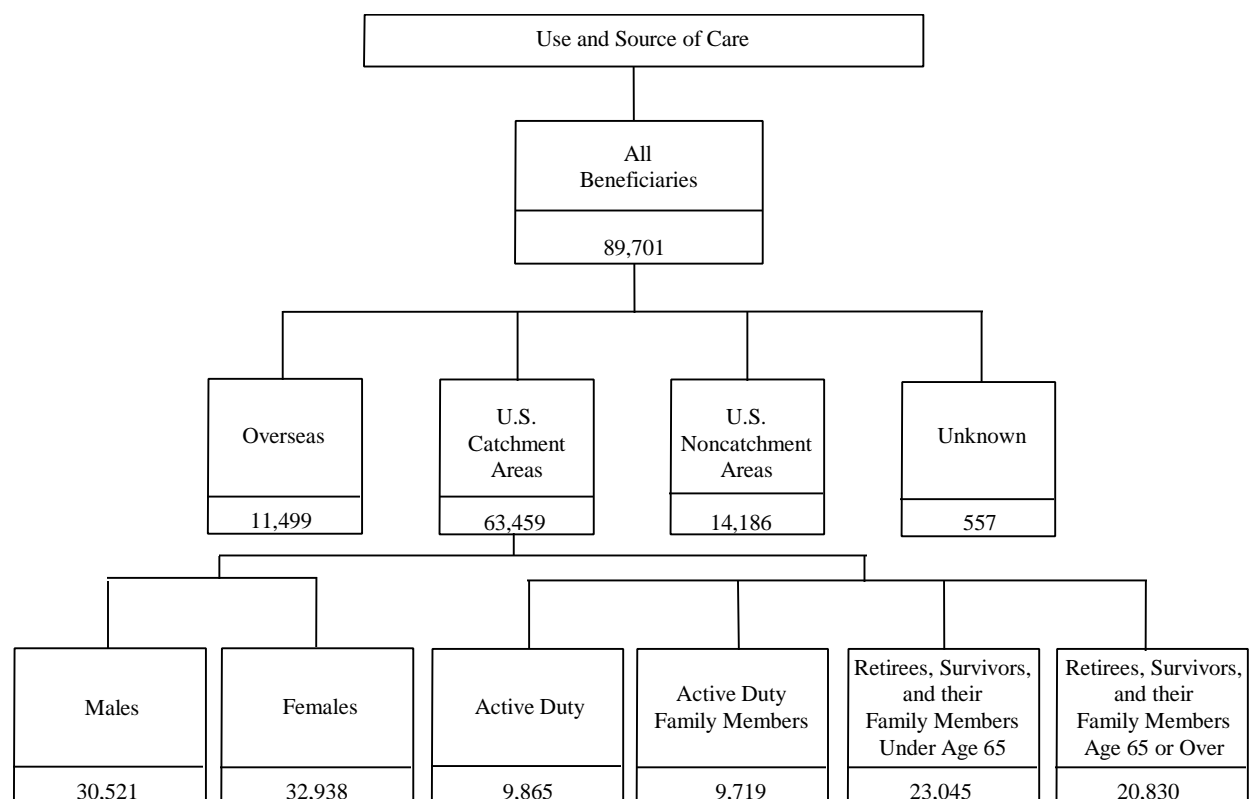


Figure 2. Use of military and civilian sources of care in past 12 months - Beneficiaries in U.S. catchment areas by gender and beneficiary type

Table 2a [Use of Military and Civilian Sources of Care in Past 12 Months By Gender and Beneficiary Type](#)

Table 2b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in U.S. Catchment Areas - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Gender and Beneficiary Type](#)

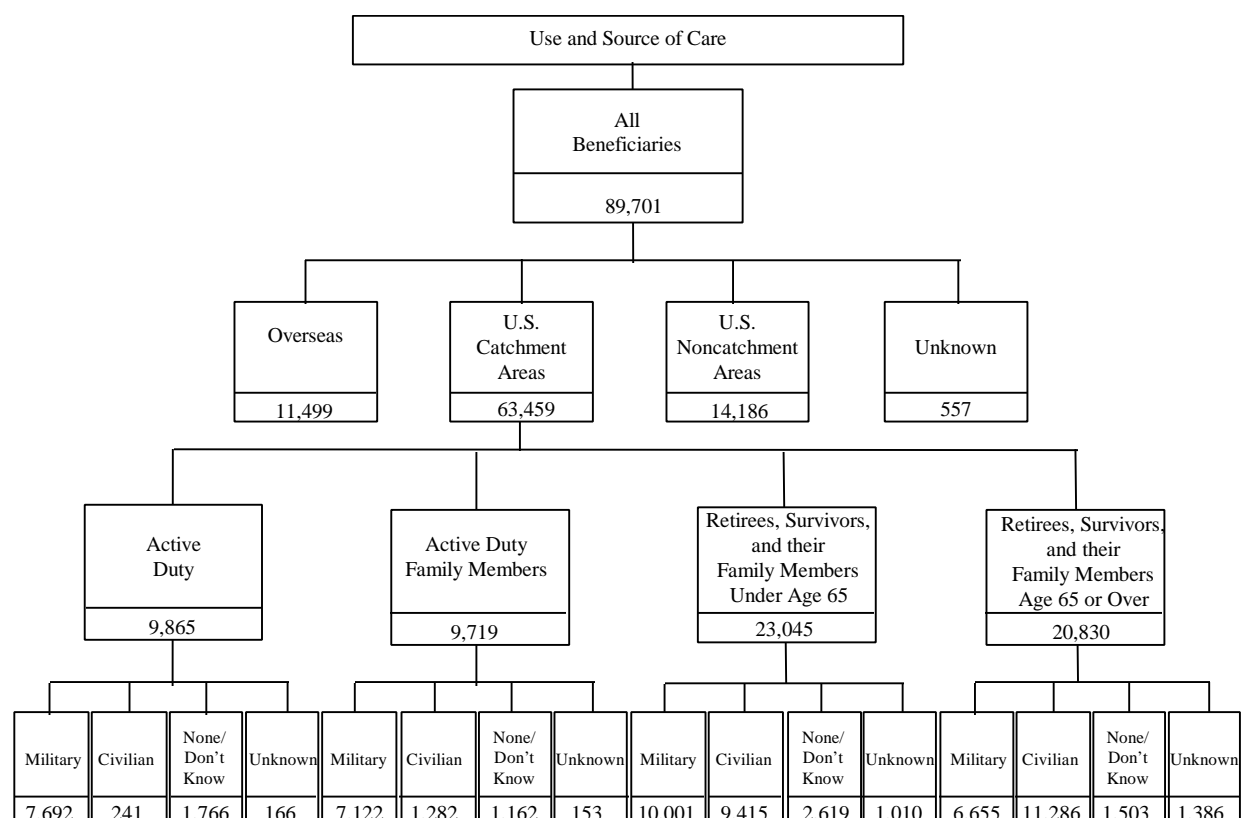


Figure 3. Use of military and civilian sources of care in past 12 months - Beneficiaries in U.S. catchment areas by beneficiary type and regular source of care

Table 3a [Use of Military and Civilian Sources of Care in Past 12 Months By Beneficiary Type and Regular Source of Care](#)

Table 3b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in of U.S. Catchment Areas - Unweighted and Effective Sample Sizes of Military and Civilian Sources Care By Beneficiary Type and Regular Source of Care](#)

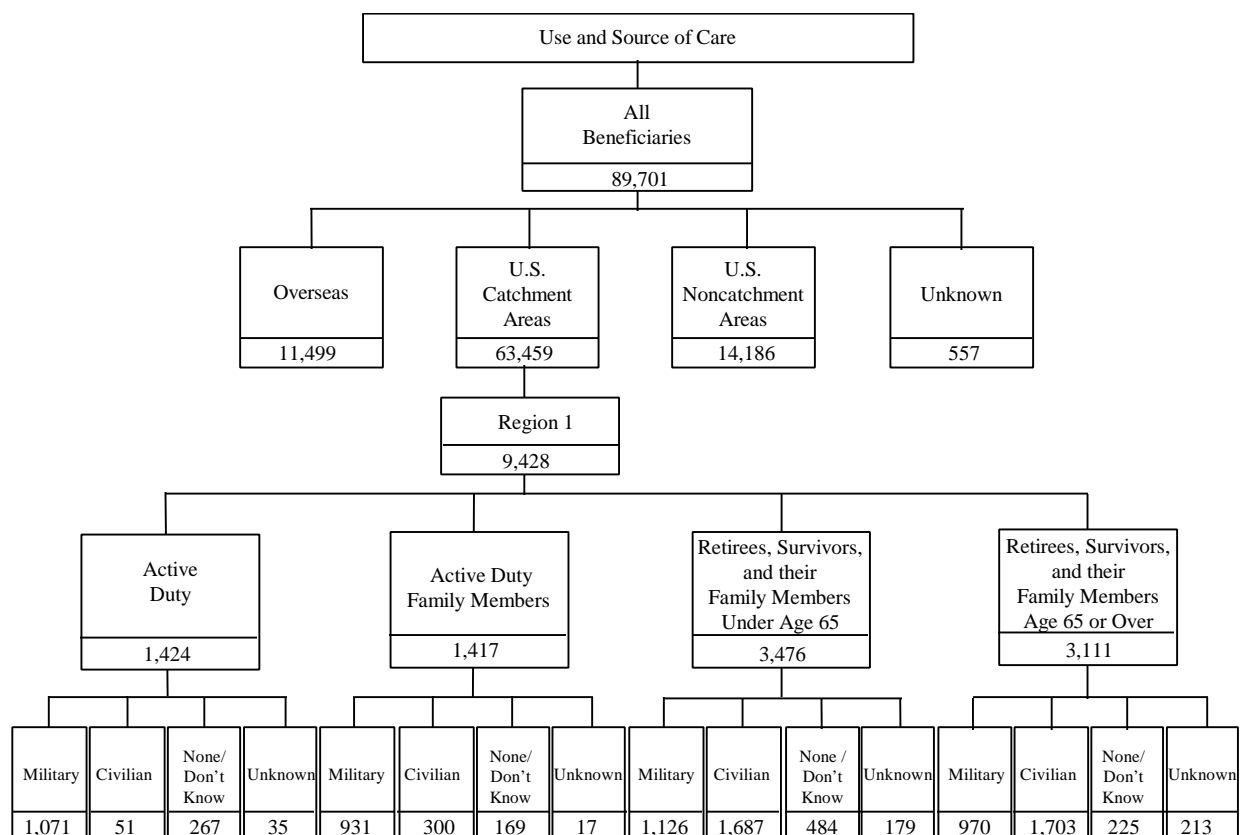


Figure 4. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Region 1, Northeast, by beneficiary type and regular source of care

Beneficiaries' Use of Care by Regular Source of Care by Regions

Tables 4a to 16a present a summary of the results for individual regions. Results are summarized below for each of the four beneficiary types: active duty personnel, active duty family members, retirees, survivors and their family members under age 65, and retirees, survivors and their family members age 65 or over.

Beneficiaries' Use of Military Care in the Past 12 Months, by Regular Source of Care

The four categories of beneficiaries in all regions except 12 (Hawaii Pacific) with a military regular source of care followed the same pattern of use: 80 to 98 percent did obtain medical care from a military source in the past 12 months. Retirees and their family members under age 65 always had the lowest proportion using military care. In the Hawaii Pacific region, active duty personnel with a military regular source of care had the lowest rate of use (82.2%) across beneficiary categories.

Beneficiaries' Use of Civilian Care in the Past 12 Months, by Regular Source of Care

Across all regions, more than 85 percent of beneficiaries with a civilian regular source of care, in the three categories other than active duty personnel, received care from a civilian source in the past 12 months. In all regions except 12 (Hawaii Pacific), active duty personnel with a civilian regular source of care had lowest rates of use of civilian care in the past 12 months of the four beneficiary categories.

Any Outpatient Visits in the Past 12 Months. There is no consistent pattern of use of outpatient facilities by regular source of care for any of the four beneficiary types. Active duty family members remain consistently high users of outpatient facilities across regular source of care in most regions.

Any Nights in a Hospital in the Past 12 Months. Across all regions, higher proportions of active duty family members, and retirees and their family members over age 65, spent at least one night in a hospital, in contrast to active duty personnel and retirees and their family members under age 65, with no consistent relationship to regular source of care.

Table 4a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 1, Northeast](#)

Table 4b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 1, Northeast - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

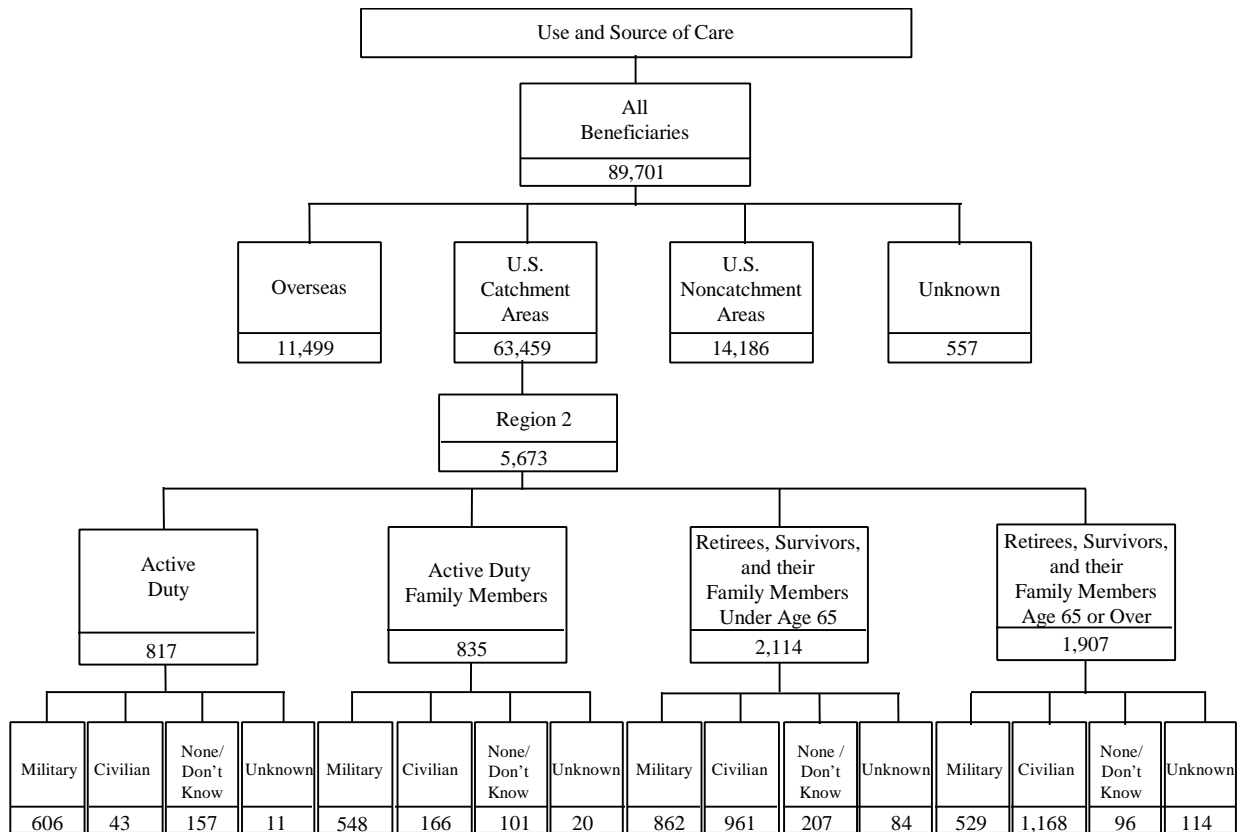


Figure 5. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Region 2, Mid-Atlantic, by beneficiary type and regular source of care

Table 5a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 2, Mid-Atlantic](#)

Table 5b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 2, Mid-Atlantic - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

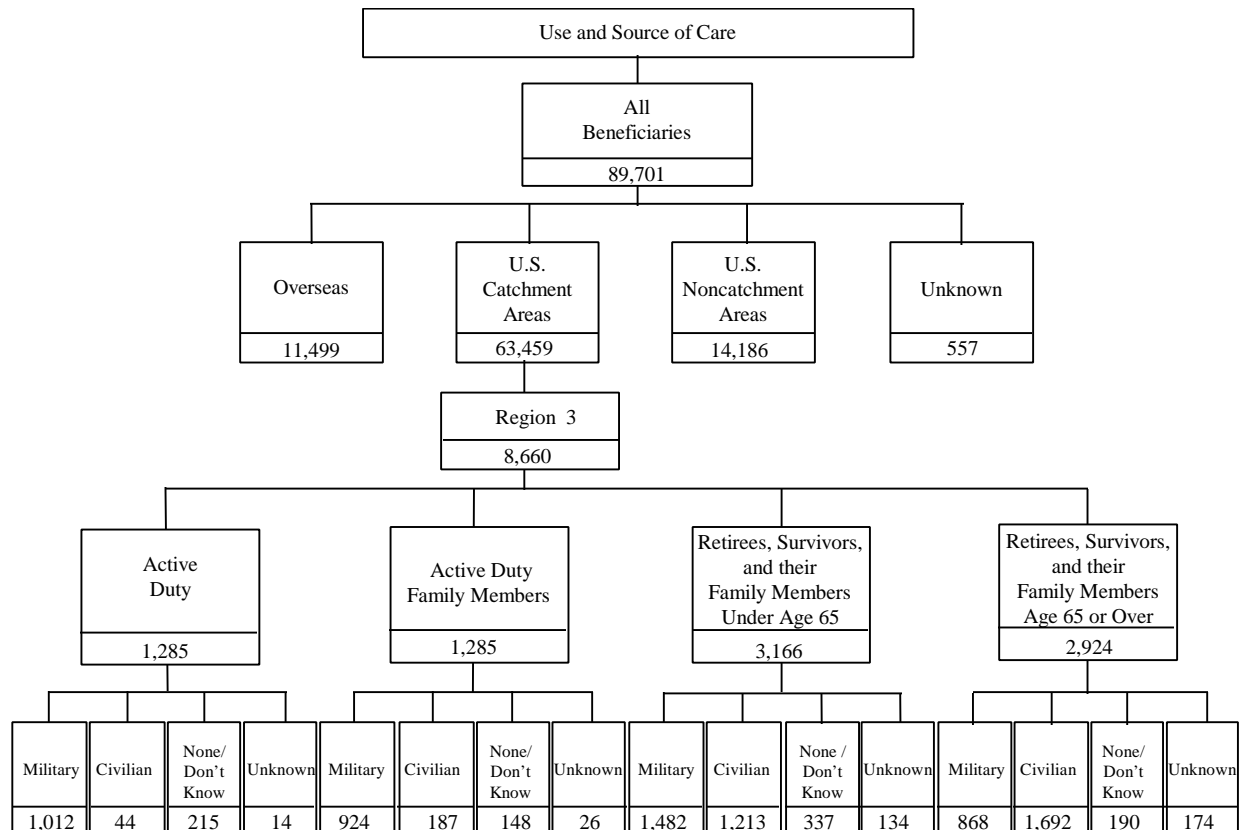


Figure 6. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Region 3, Southeast, by beneficiary type and regular source of care

Table 6a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 3, Southeast](#)

Table 6b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 3, Southeast - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

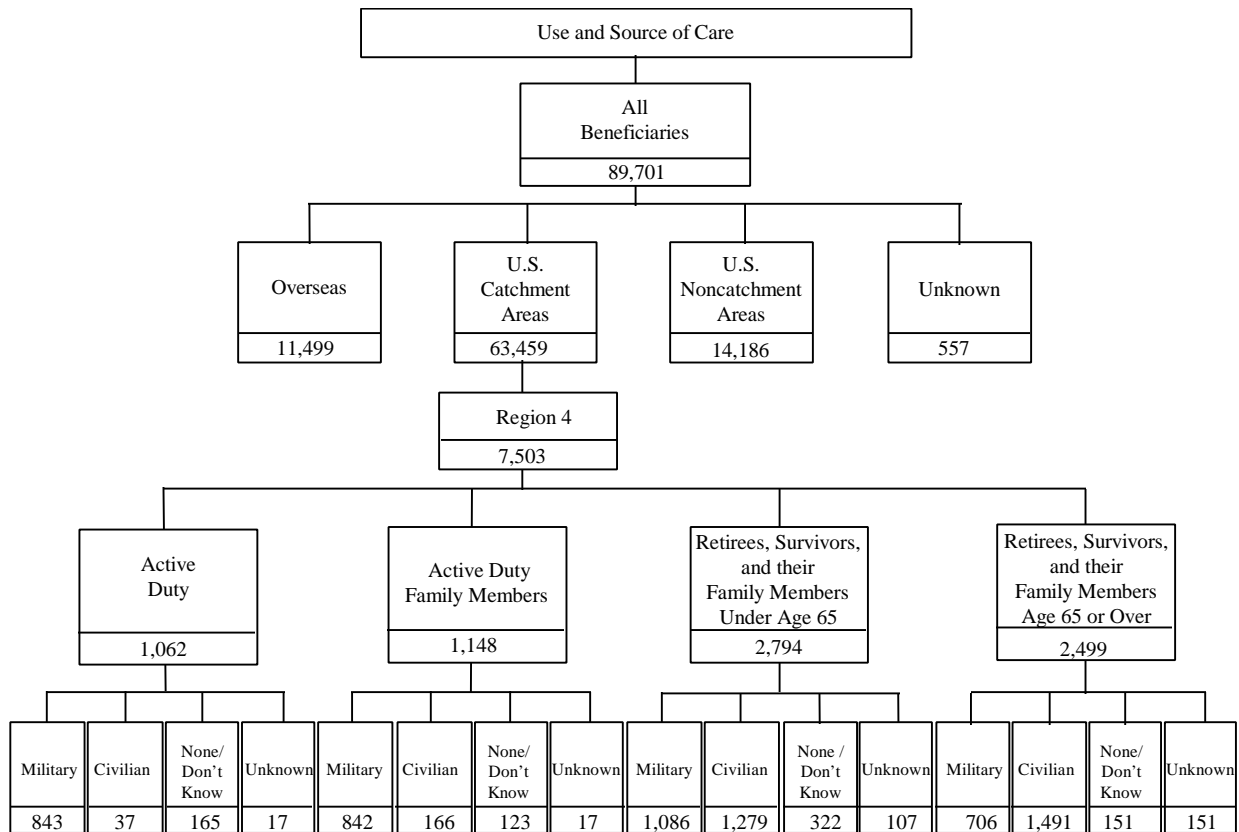


Figure 7. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Region 4, Gulf South, by beneficiary type and regular source of care

Table 7a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 4, Gulf South](#)

Table 7b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 4, Gulf South - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

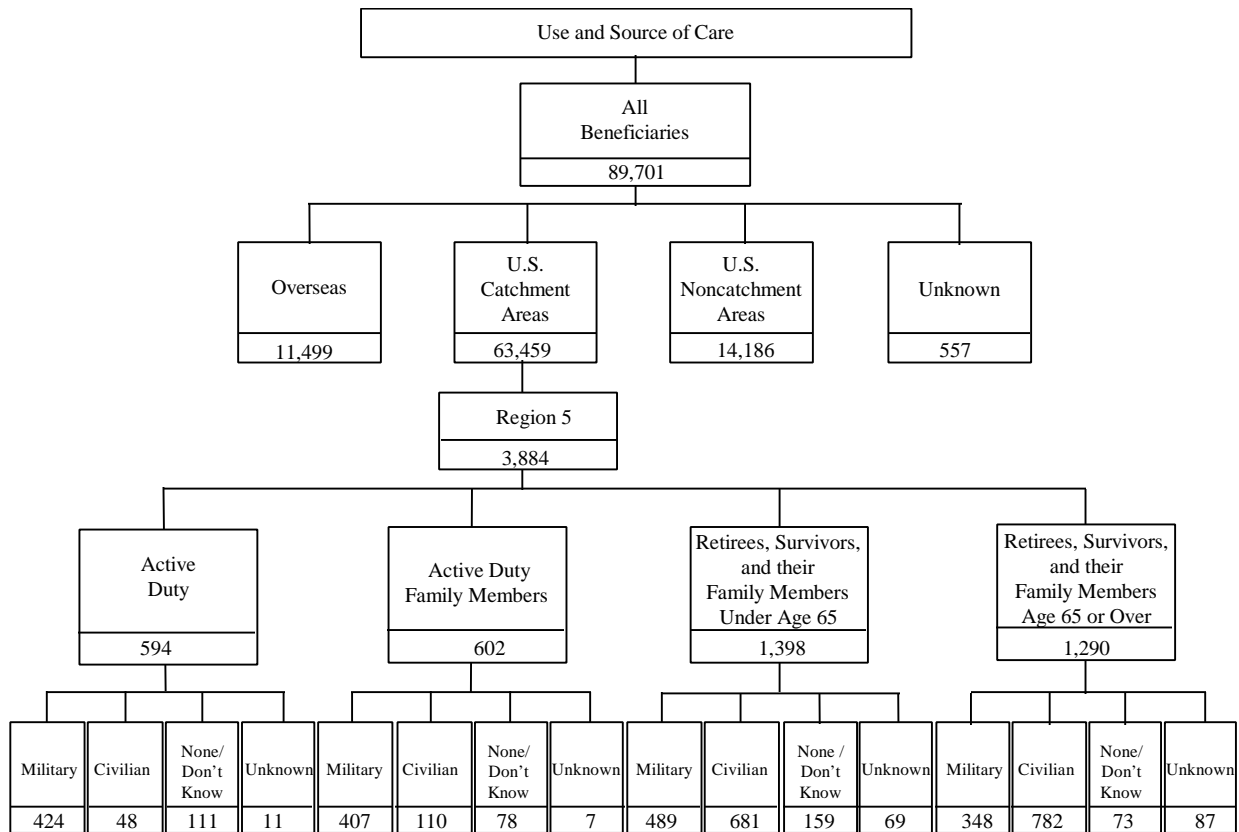


Figure 8. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Region 5, Heartland, by beneficiary type and regular source of care

Table 8a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 5, Heartland](#)

Table 8b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 5, Heartland - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

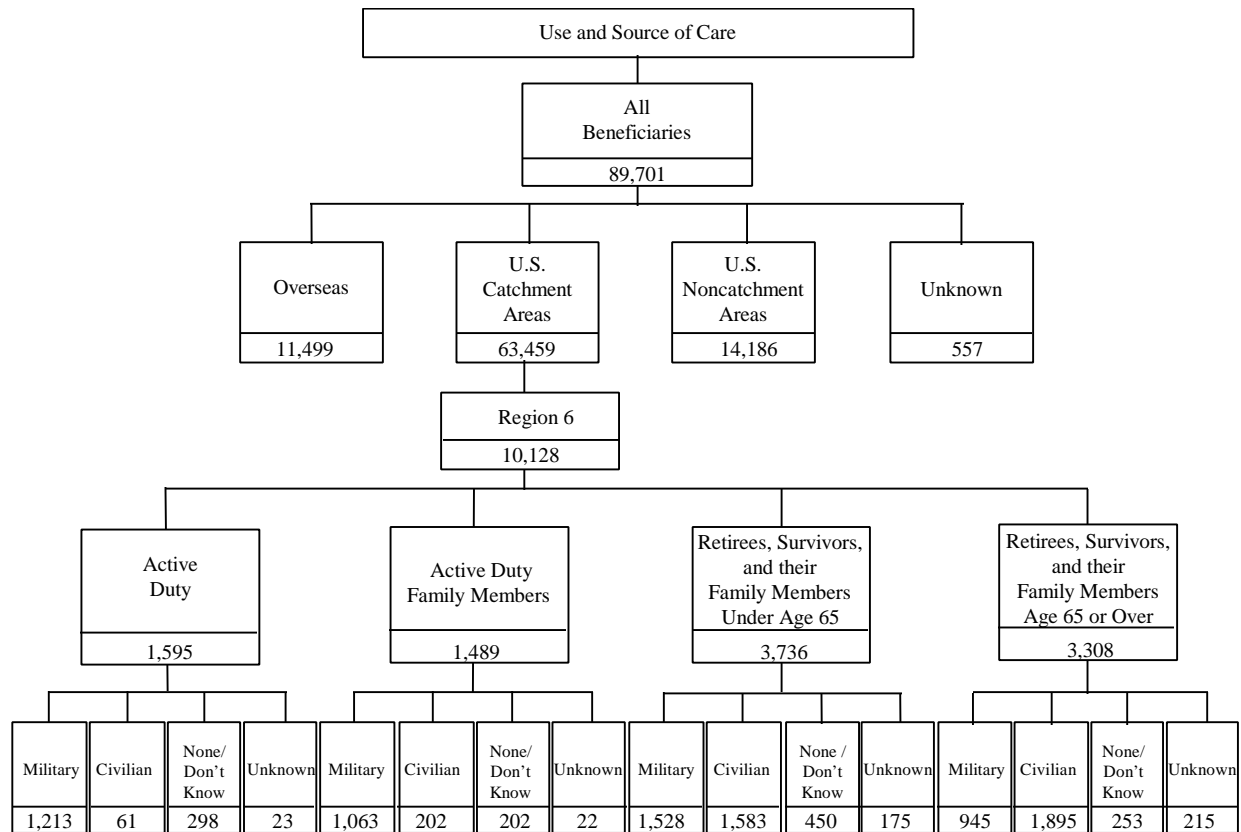


Figure 9. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Region 6, Southwest, by beneficiary type and regular source of care

Table 9a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 6, Southwest](#)

Table 9b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 6, Southwest - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

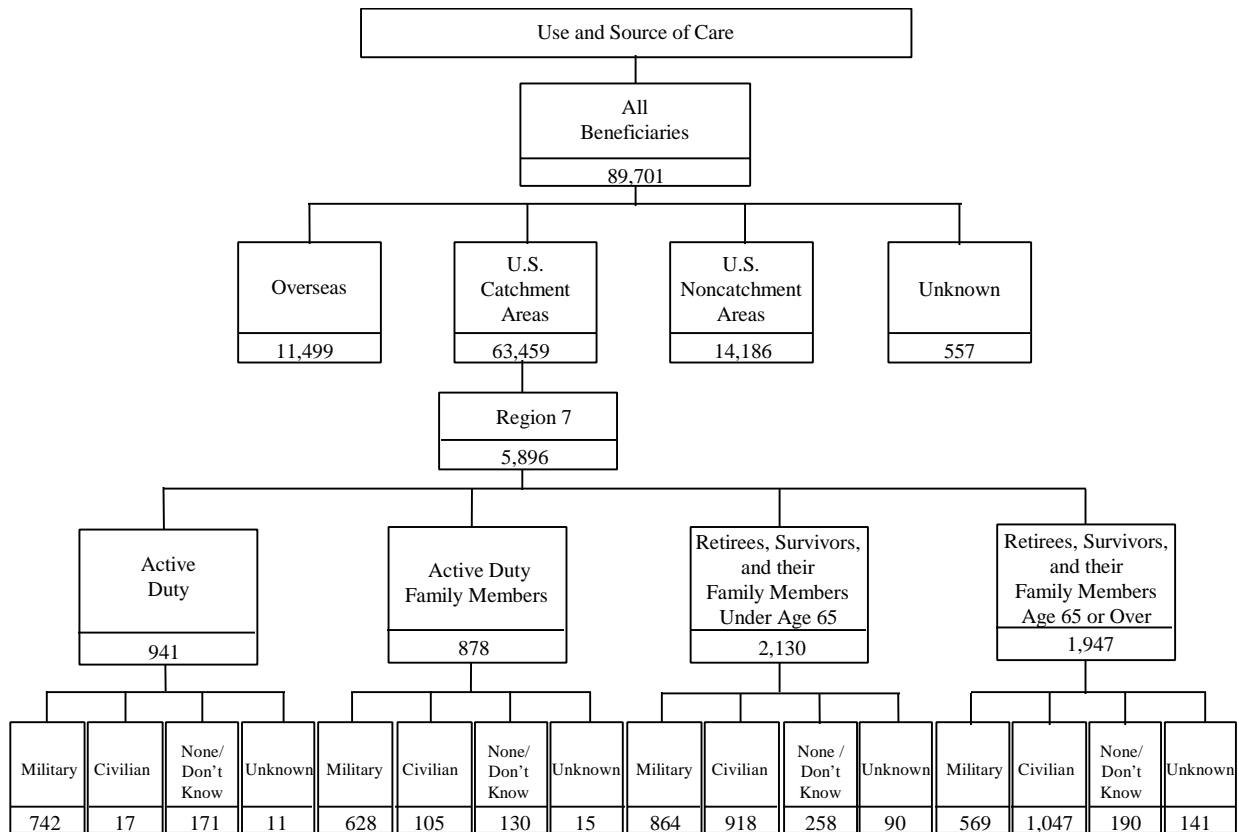


Figure 10. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Region 7, Desert States, by beneficiary type and regular source of care

Table 10a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 7, Desert States](#)

Table 10b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 7, Desert States - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

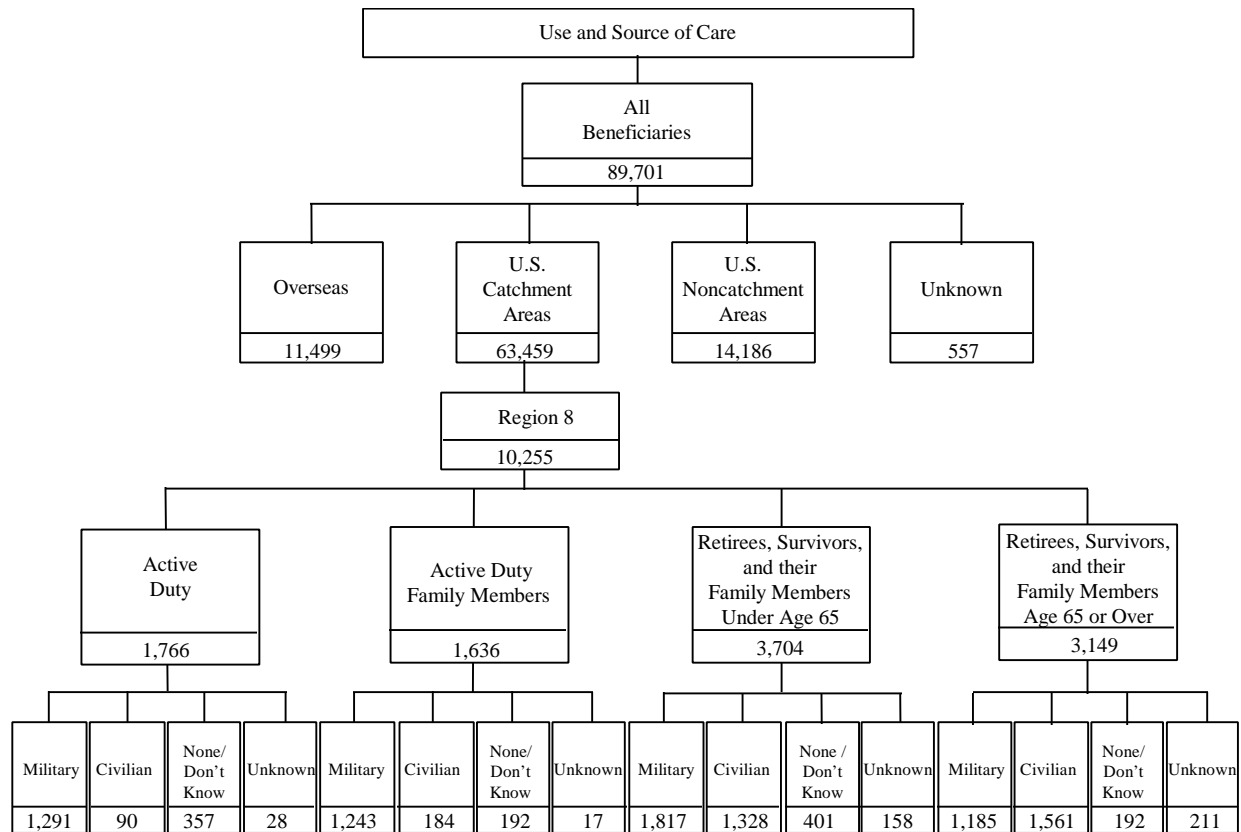


Figure 11. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Region 8, North Central, by beneficiary type and regular source of care

Table 11a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 8, North Central](#)

Table 11b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 8, North Central - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

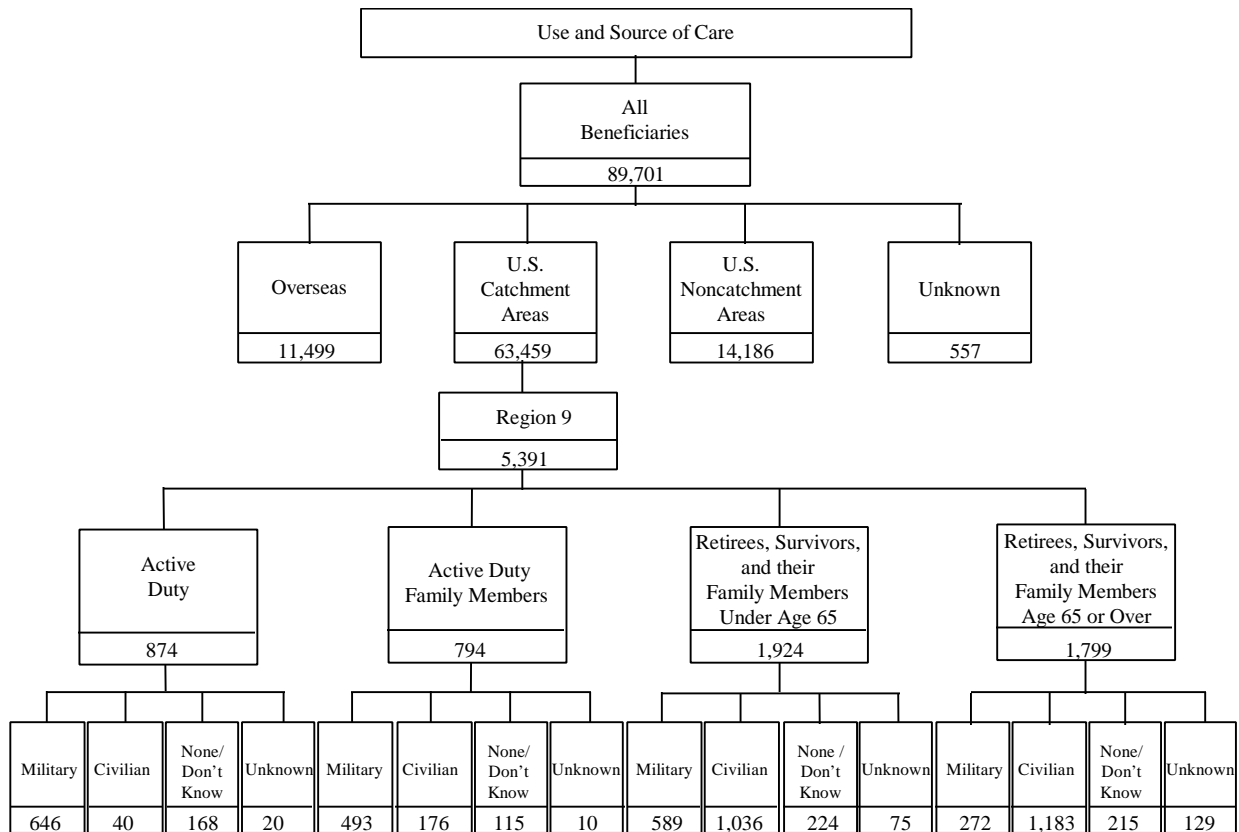


Figure 12. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Region 9, Southern California, by beneficiary type and regular source of care

Table 12a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 9, Southern California](#)

Table 12b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 9, Southern California - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

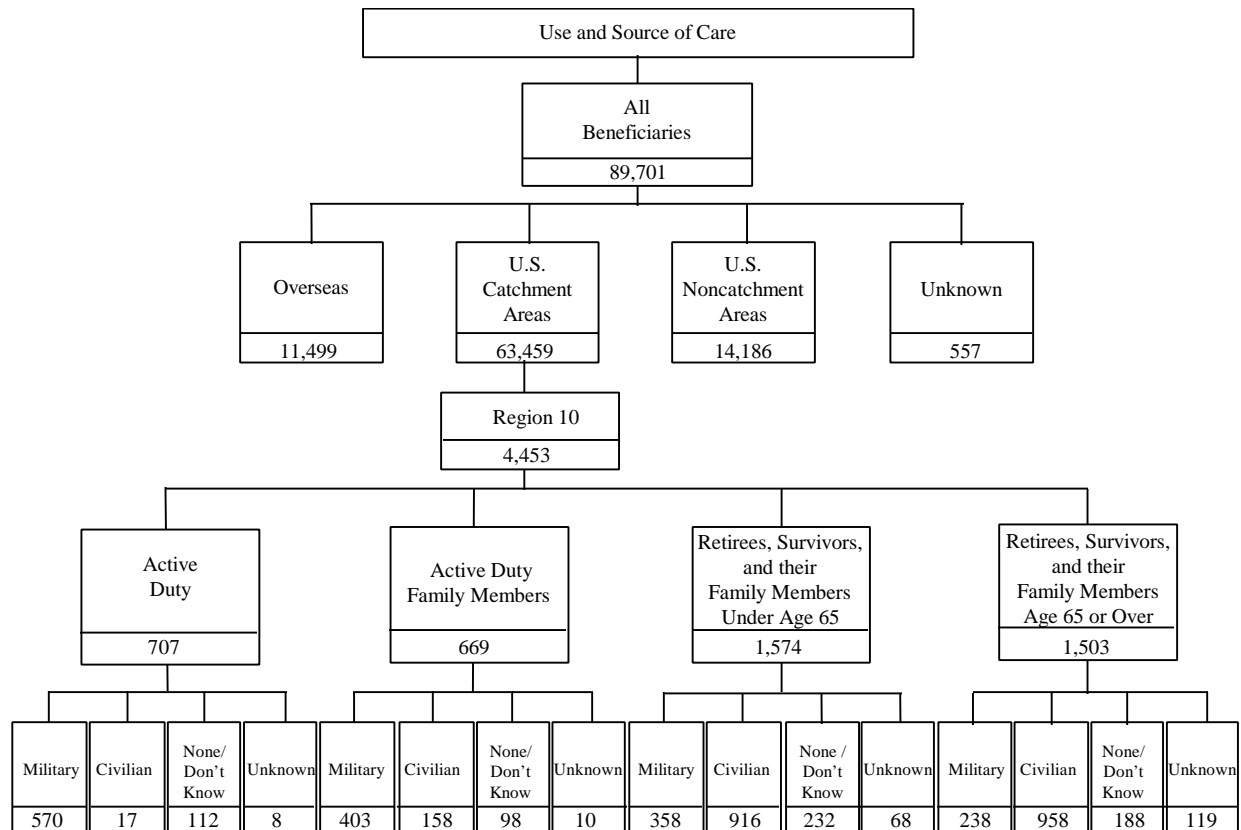


Figure 13. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Region 10, Golden Gate, by beneficiary type and regular source of care

Table 13a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 10, Golden Gate](#)

Table 13b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 10, Golden Gate - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

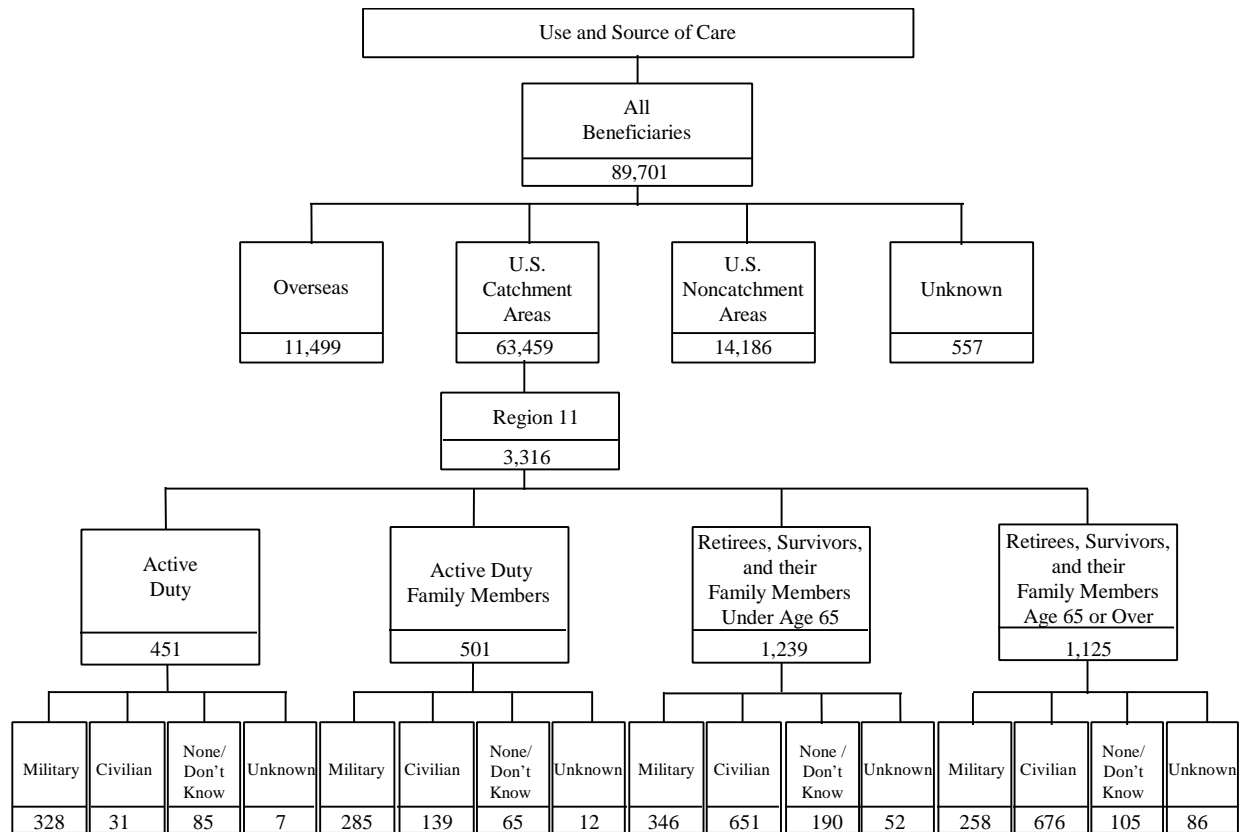


Figure 14. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Region 11, Northwest, by beneficiary type and regular source of care

Table 14a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 11, Northwest](#)

Table 14b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 11, Northwest - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

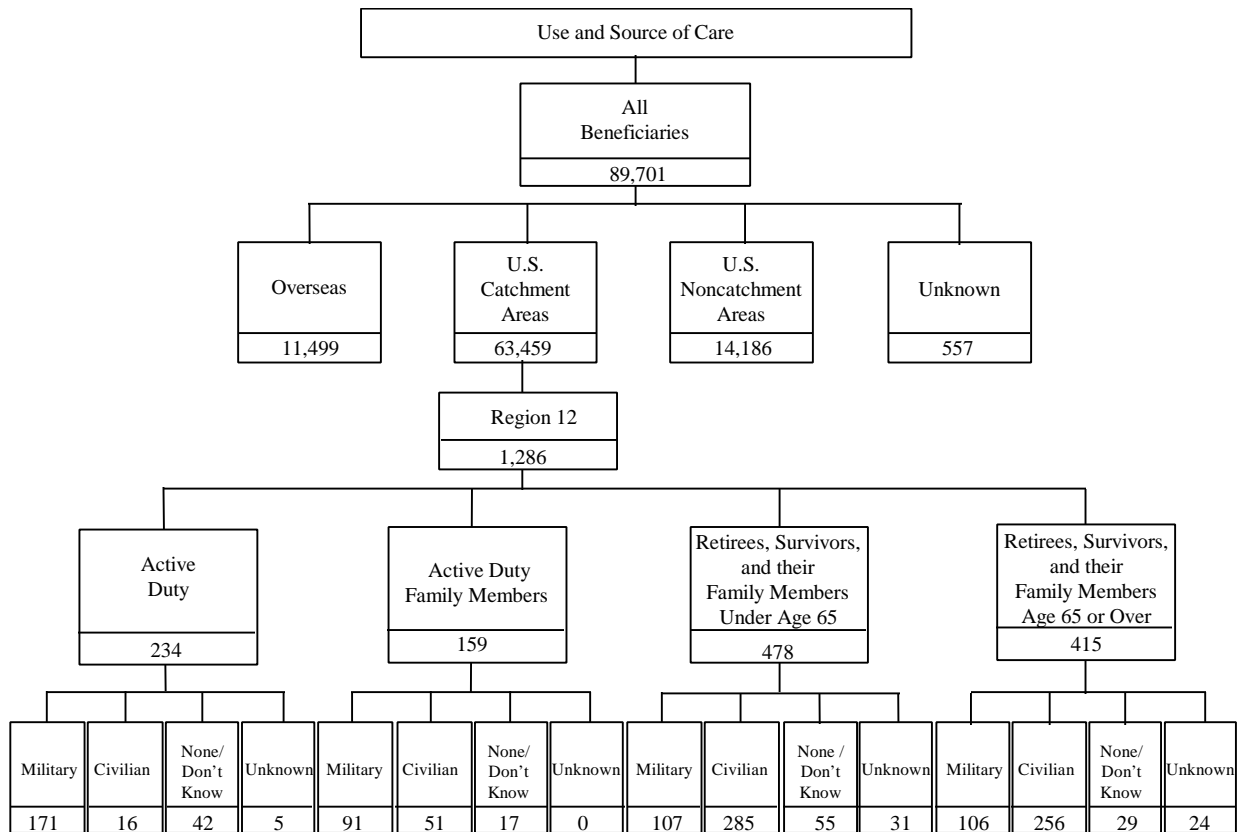


Figure 15. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Region 12, Hawaii Pacific, by beneficiary type and regular source of care

Table 15a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 12, Hawaii Pacific](#)

Table 15b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Region 12, Hawaii Pacific - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

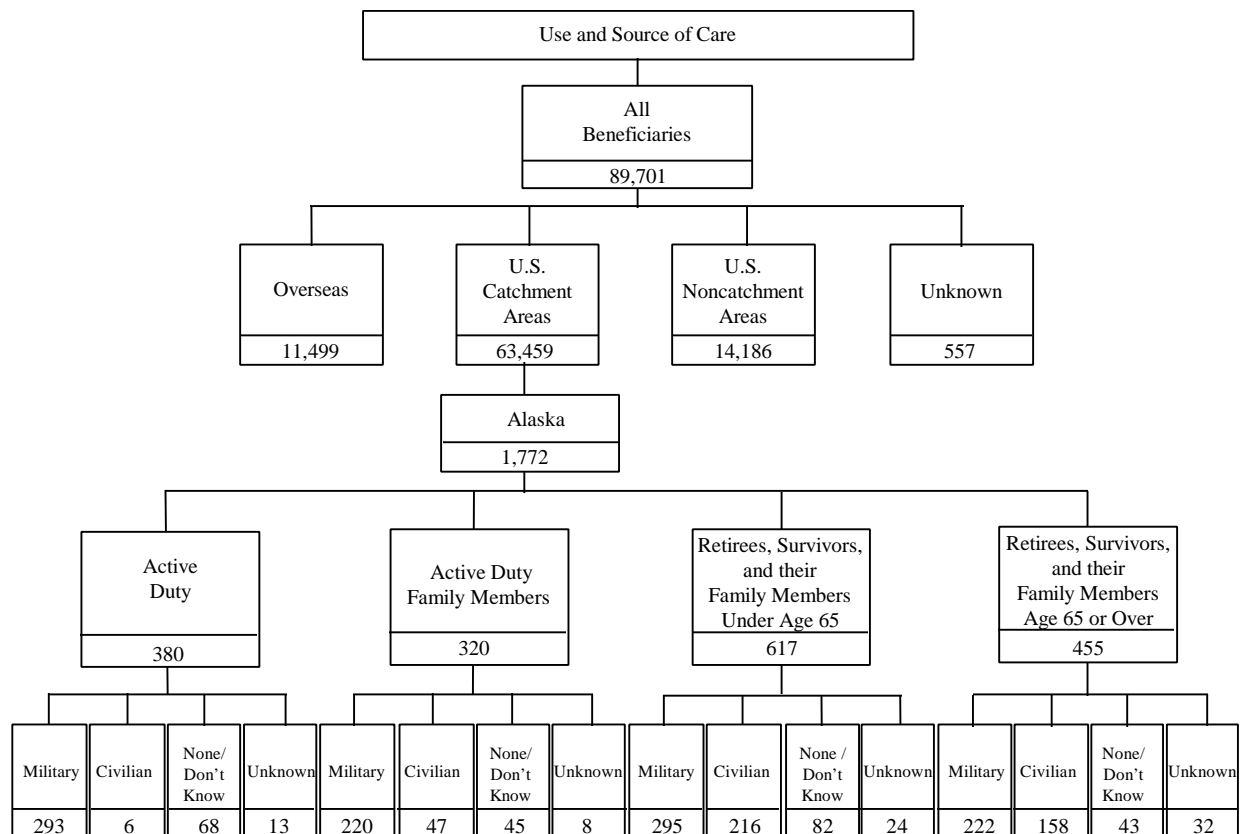


Figure 16. Use of military and civilian sources of care in past 12 months - Beneficiaries in catchment areas in Alaska by beneficiary type and regular source of care

Table 16a [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Alaska](#)

Table 16b [Use of Military and Civilian Sources of Care in Past 12 Months - Beneficiaries in Catchment Areas in Alaska - Unweighted and Effective Sample Sizes of Military and Civilian Sources of Care By Beneficiary Type and Regular Source of Care](#)

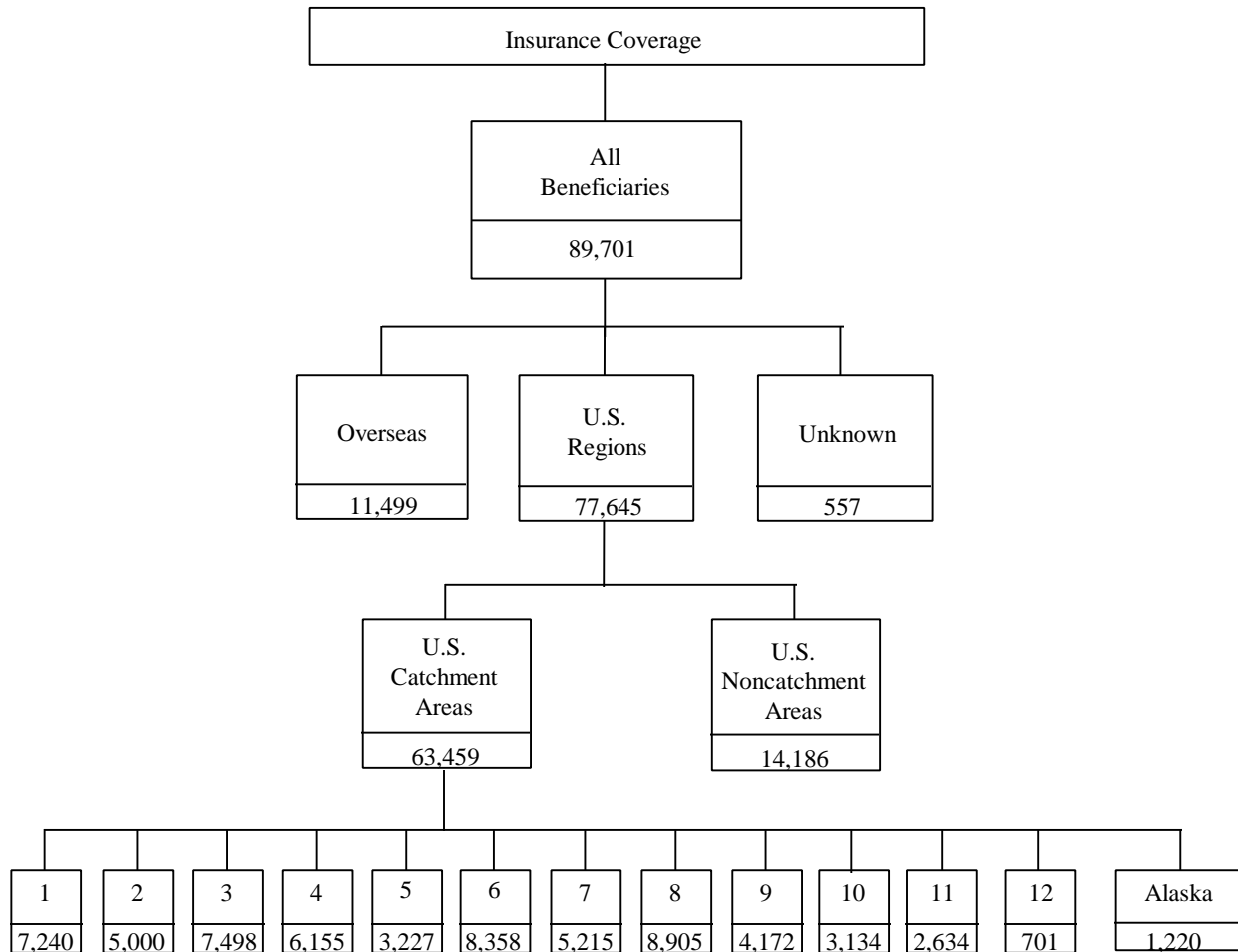


Figure 17. Insurance Coverage

Beneficiaries' Insurance Coverage by Source of Care

Tables 17a to 32a describe insurance coverage by beneficiary type, gender, source of care and region.

Beneficiaries with Insurance Coverage by Location

Table 17a shows that approximately 30 percent of U.S. catchment area beneficiaries and over 45 percent of noncatchment area beneficiaries have private health insurance coverage, whereas under 10 percent of overseas beneficiaries are covered. Both in catchment areas and outside catchment areas, approximately half (51% to 53%) of private insurance coverage is paid for by the beneficiary or family, 28 percent is paid for by the beneficiary's employer, and 16 to 17 percent is paid for by the spouse's employer. The same pattern holds for overseas beneficiaries, except that a spouse's employer is somewhat less likely to pay (11.7%).

Beneficiaries with Insurance Coverage by Gender and Beneficiary Type

Rate of private health insurance coverage varies widely by type of beneficiary (see Table 18a). Approximately 65 percent of retirees and their family members age 65 and over have private insurance, while 48 percent of retirees and their family members under age 65, 13 percent of active duty family members, and only 6.5 percent of active duty personnel are covered. Over 70 percent of retirees and their family members age 65 and over pay for private insurance coverage themselves. Among active duty family members, and retirees and their family members under age 65, 41.6 to 43.7 percent pay for the coverage themselves and the beneficiary's employer pays for coverage 42.5 to 33.7 percent of the time.

Beneficiaries' Insurance Coverage by Beneficiary Type and Regular Source of Care

Across all types of beneficiaries, those who regularly obtain medical care from a civilian source are more likely than those with a military provider to have private health insurance (Table 19a). Among active duty personnel, for example, only 3.9 percent of those with a military source of care have private health insurance, in contrast to over 46 percent of those using civilian care providers. Among active duty personnel, private coverage is more likely to be paid for by the beneficiary or family members with a military regular source of care rather than a civilian regular source of care (62.9% versus 48.2%). The tendency is the same, but not pronounced among both categories of retirees.

Beneficiaries' Insurance Coverage by Region

In every region, all types of beneficiaries who claim that their regular source of medical care is civilian are more likely than those with a military source of care to have private health insurance coverage. In all but three regions, 3 (Southeast), 5 (Heartland) and 7 (Desert States), private insurance was more often paid for by beneficiaries or their families with a military regular source of care than if with a civilian regular source of care. However, standard errors are high in all regions. The same tendency holds for retirees over age 65 in all regions, and for retirees under age 65 in all regions except 10 (Golden Gate) and 11 (Northwest). Results are mixed for active duty family members across regions.

Table 17a [Insurance Coverage By Location](#)

Table 17b [Insurance Coverage - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Location](#)

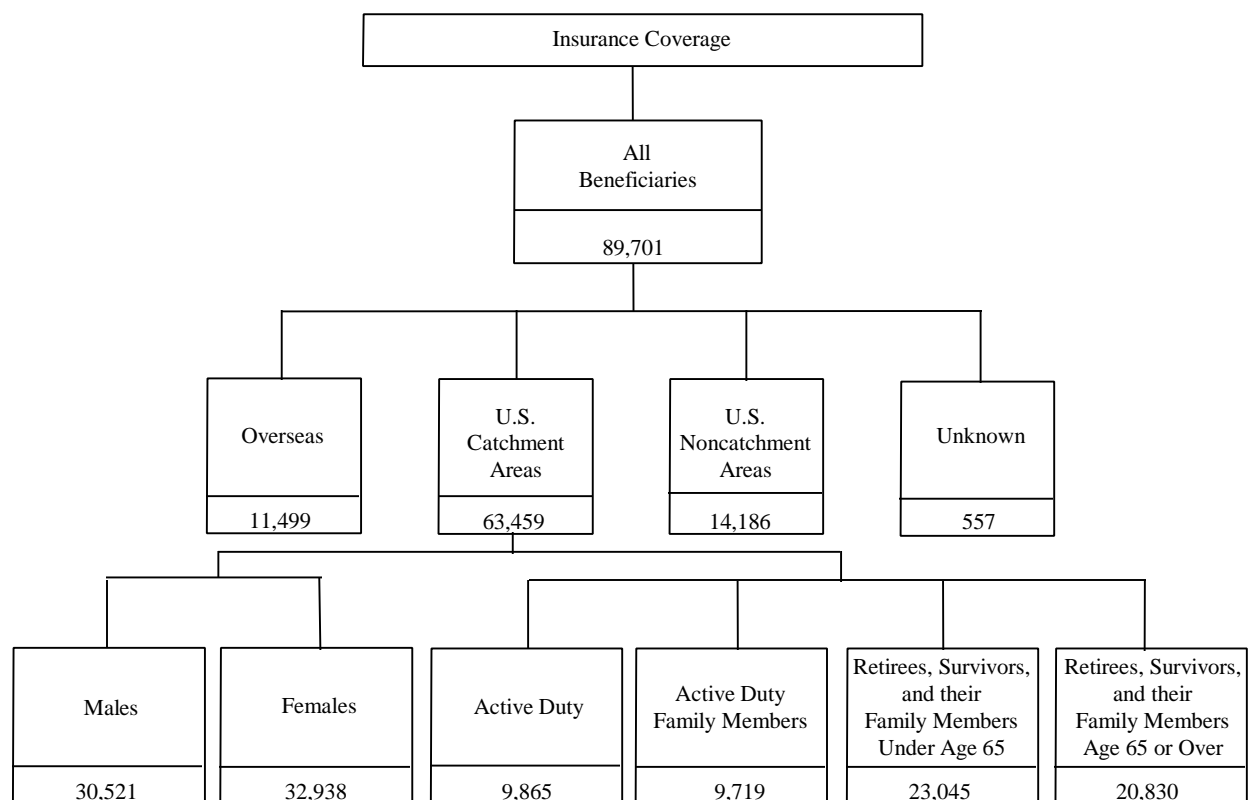


Figure 18. Insurance coverage - Beneficiaries in U.S. catchment areas by gender and beneficiary type

Table 18a [Insurance Coverage By Gender and Beneficiary Type](#)

Table 18b [Insurance Coverage - Beneficiaries in U.S. Catchment Areas - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Gender and Beneficiary Type](#)

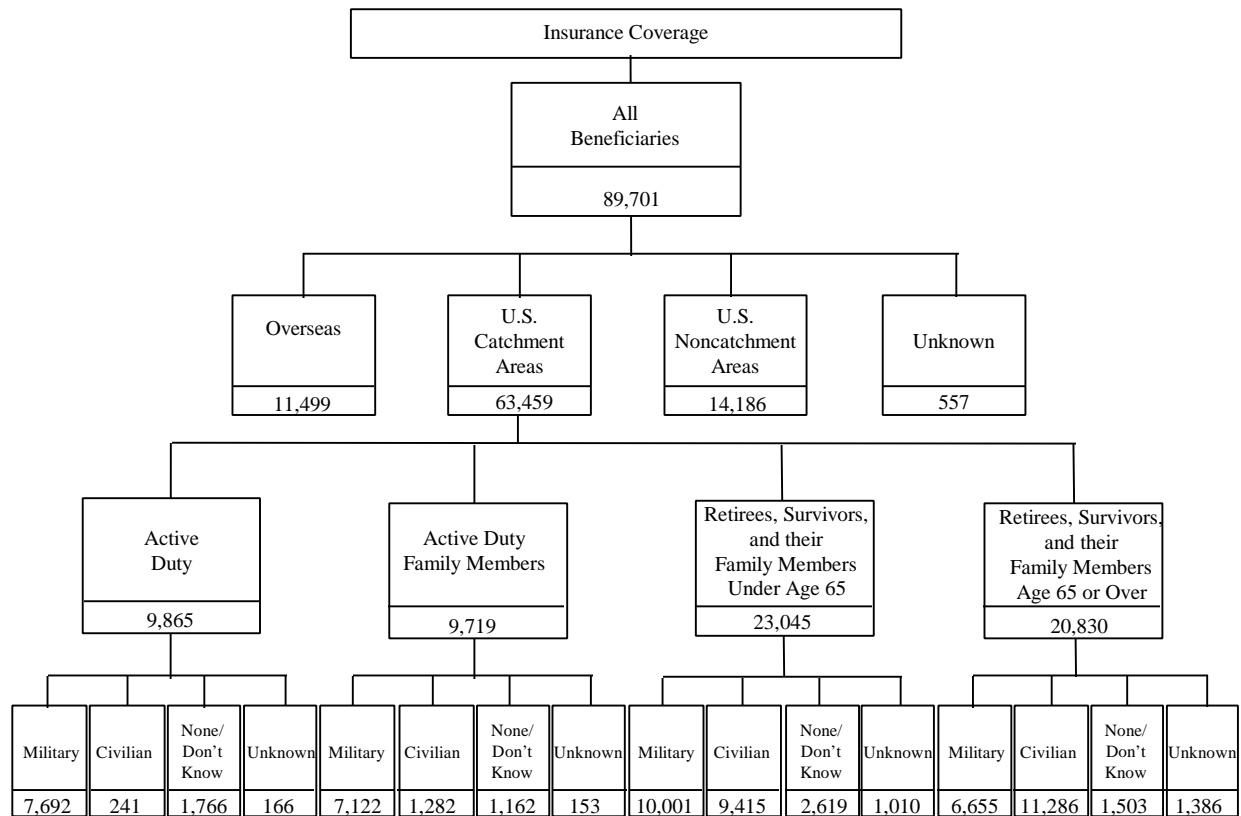


Figure 19. Insurance coverage - Beneficiaries in U.S. catchment areas by beneficiary type and regular source of care

Table 19a [Insurance Coverage - Beneficiaries in U.S. Catchment Areas By Beneficiary Type and Regular Source of Care](#)

Table 19b [Insurance Coverage - Beneficiaries in U.S. Catchment Areas - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

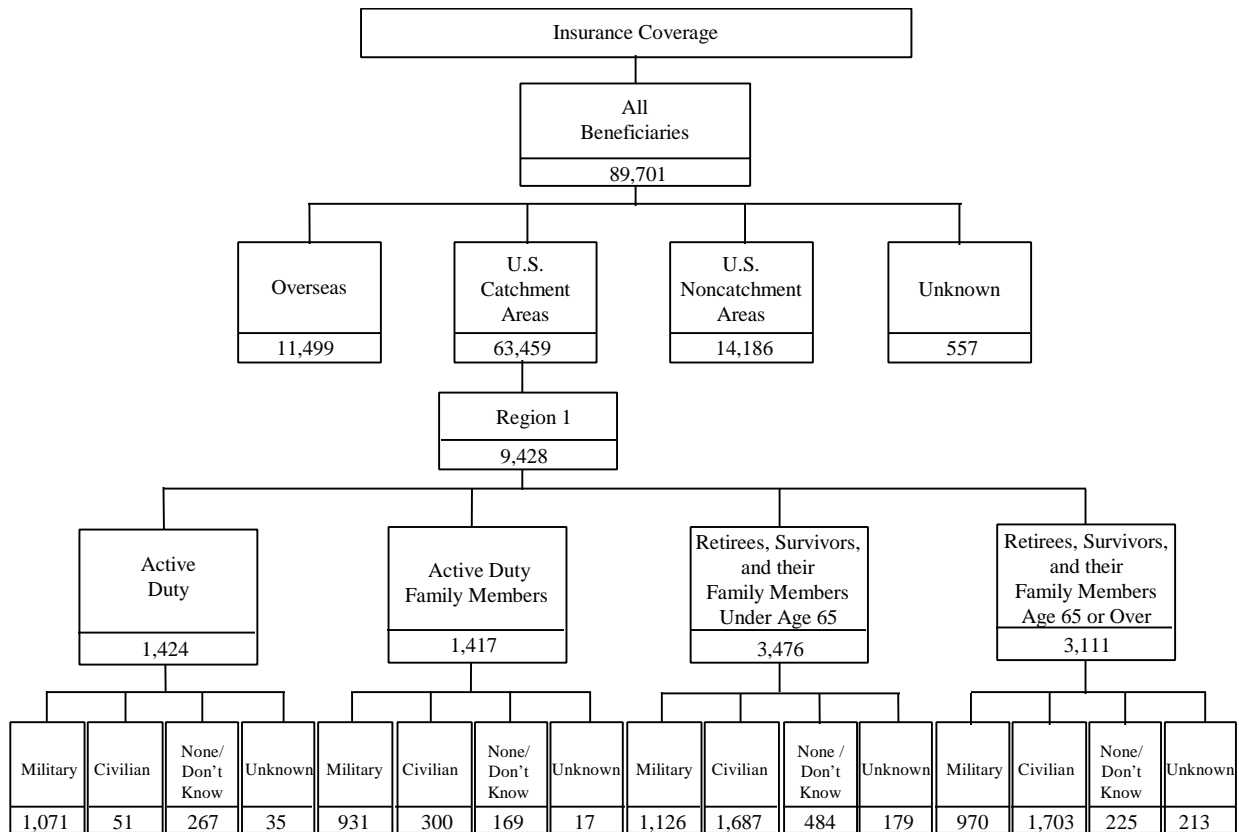


Figure 20. Insurance coverage - Beneficiaries in catchment areas in Region 1, Northeast, by beneficiary type and regular source of care

Table 20a [Insurance Coverage - Beneficiaries in Catchment Areas in Region 1, Northeast](#)

Table 20b [Insurance Coverage - Beneficiaries in Catchment Areas in Region 1, Northeast - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

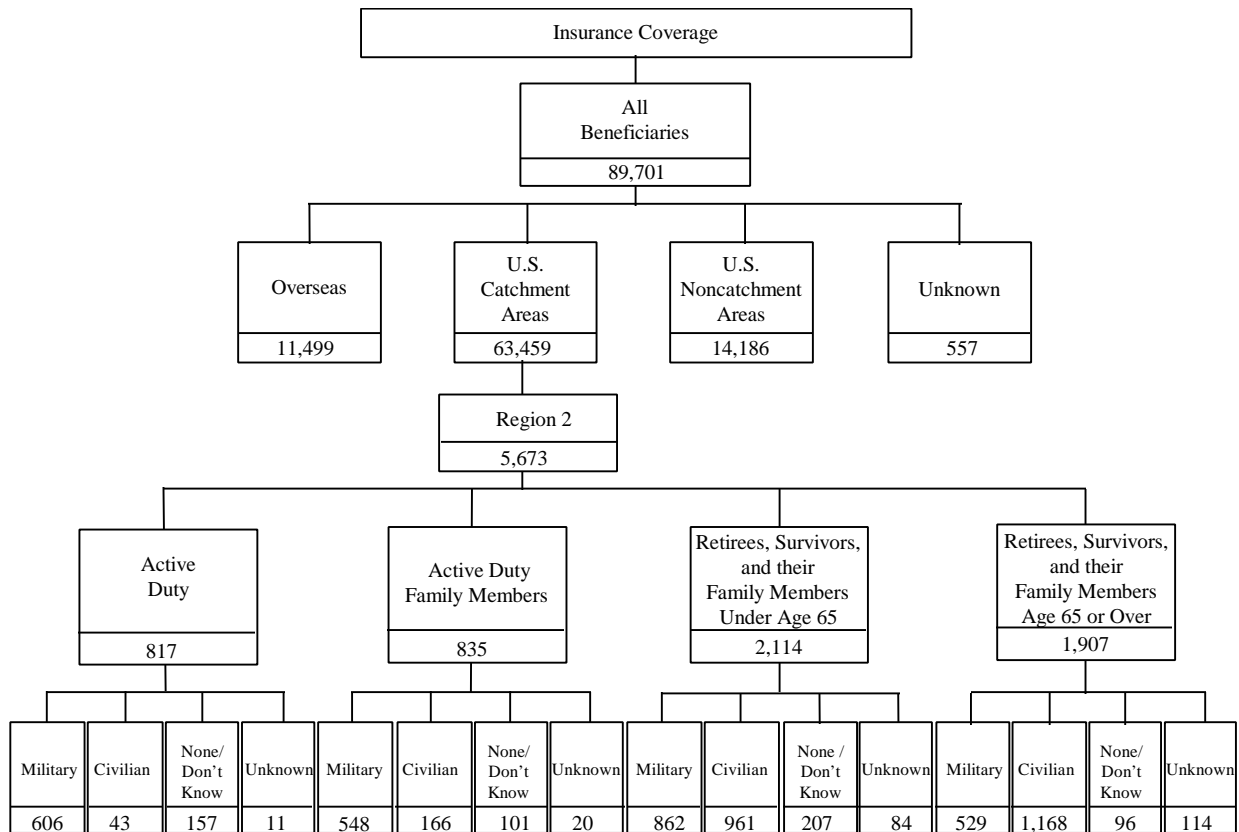


Figure 21. Insurance coverage - Beneficiaries in catchment areas in Region 2, Mid-Atlantic, by beneficiary type and regular source of care

Table 21a [Insurance Coverage - Beneficiaries in Catchment Areas in Region 2, Mid-Atlantic](#)

Table 21b [Insurance Coverage - Beneficiaries in Catchment Areas in Region 2, Mid-Atlantic - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

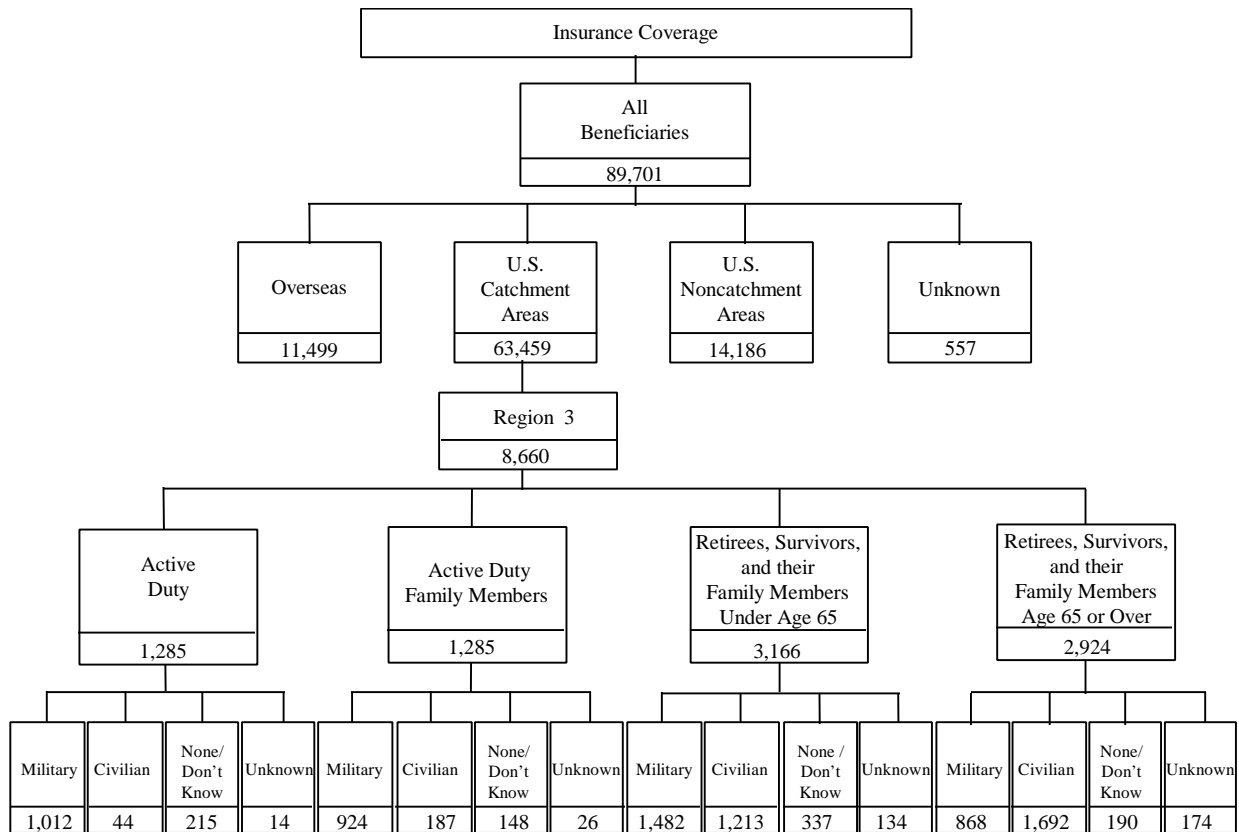


Figure 22. Insurance coverage - Beneficiaries in catchment areas in Region 3, Southeast, by beneficiary type and regular source of care

Table 22a [Insurance Coverage - Beneficiaries in Catchment Areas in Region 3, Southeast](#)

Table 22b [Insurance Coverage - Beneficiaries in Catchment Areas in Region 3, Southeast - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

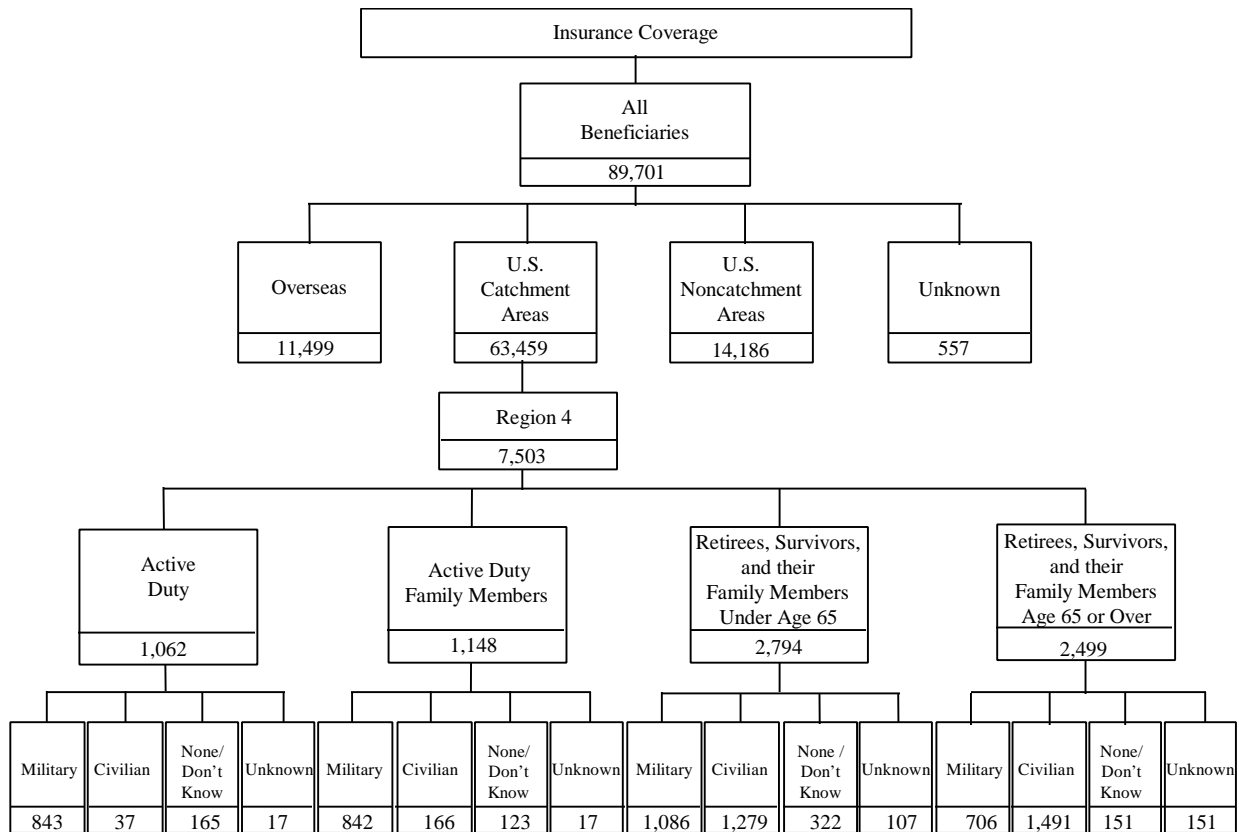


Figure 23. Insurance coverage - Beneficiaries in catchment areas in Region 4, Gulfsouth, by beneficiary type and regular source of care

Table 23a [Insurance Coverage - Beneficiaries in Catchment Areas in Region 4, Gulfsouth](#)

Table 23b [Insurance Coverage - Beneficiaries in Catchment Areas in Region 4, Gulfsouth - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage Beneficiary Type and Regular Source of Care](#)

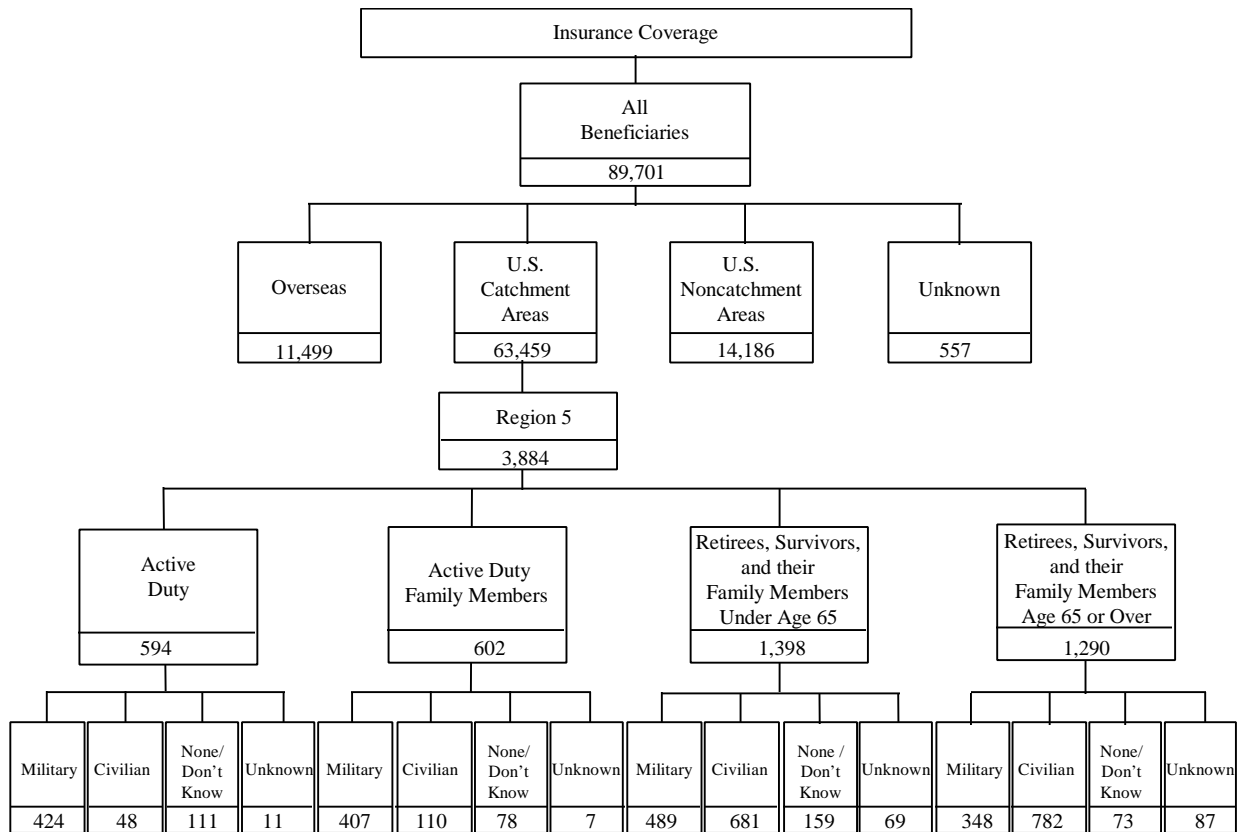


Figure 24. Insurance coverage - Beneficiaries in catchment areas in Region 5, Heartland, by beneficiary type and regular source of care

Table 24a [Insurance Coverage - Beneficiaries in Catchment Areas in Region 5, Heartland](#)

Table 24b [Insurance Coverage - Beneficiaries in Catchment Areas in Region 5, Heartland - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

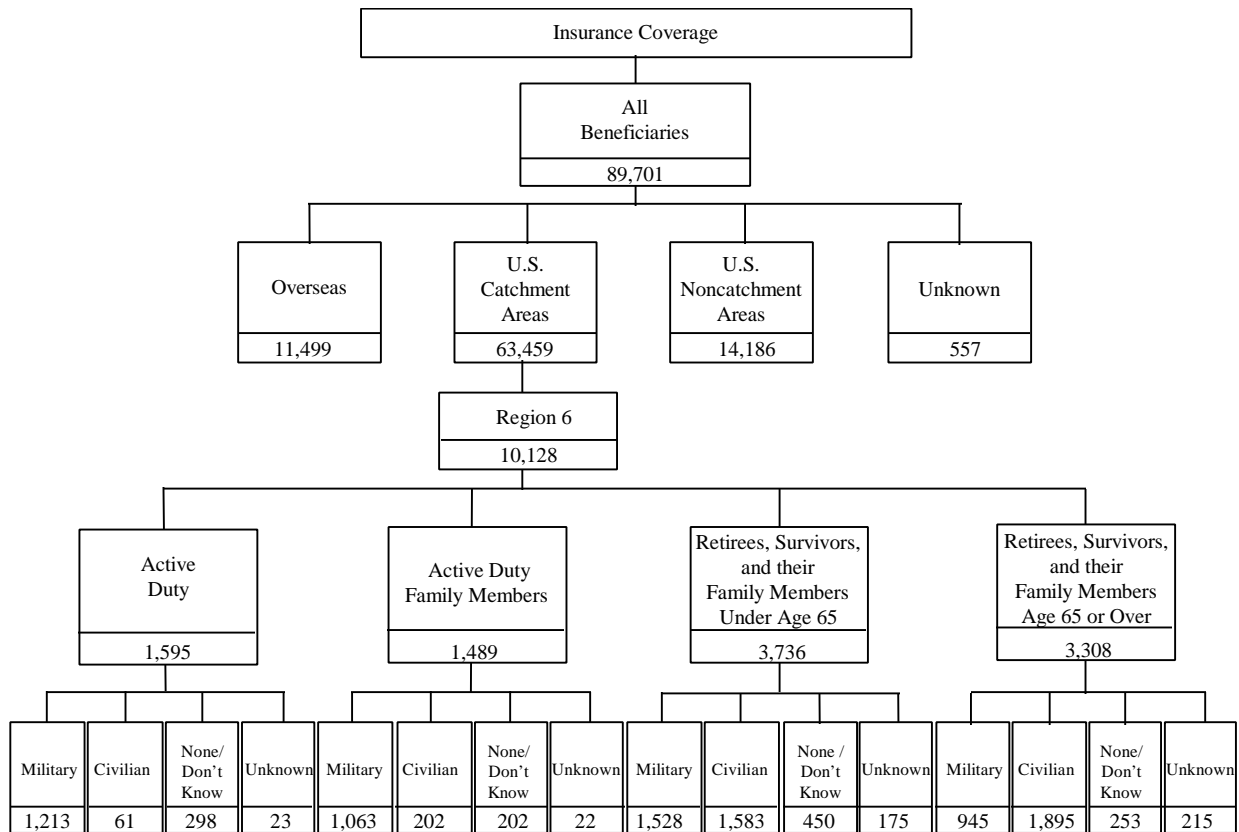


Figure 25. Insurance coverage - Beneficiaries in catchment areas in Region 6, Southwest, by beneficiary type and regular source of care

Table 25a [Insurance Coverage - Beneficiaries in Catchment Areas in Region 6, Southwest](#)

Table 25b [Insurance Coverage - Beneficiaries in Catchment Areas in Region 6, Southwest - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

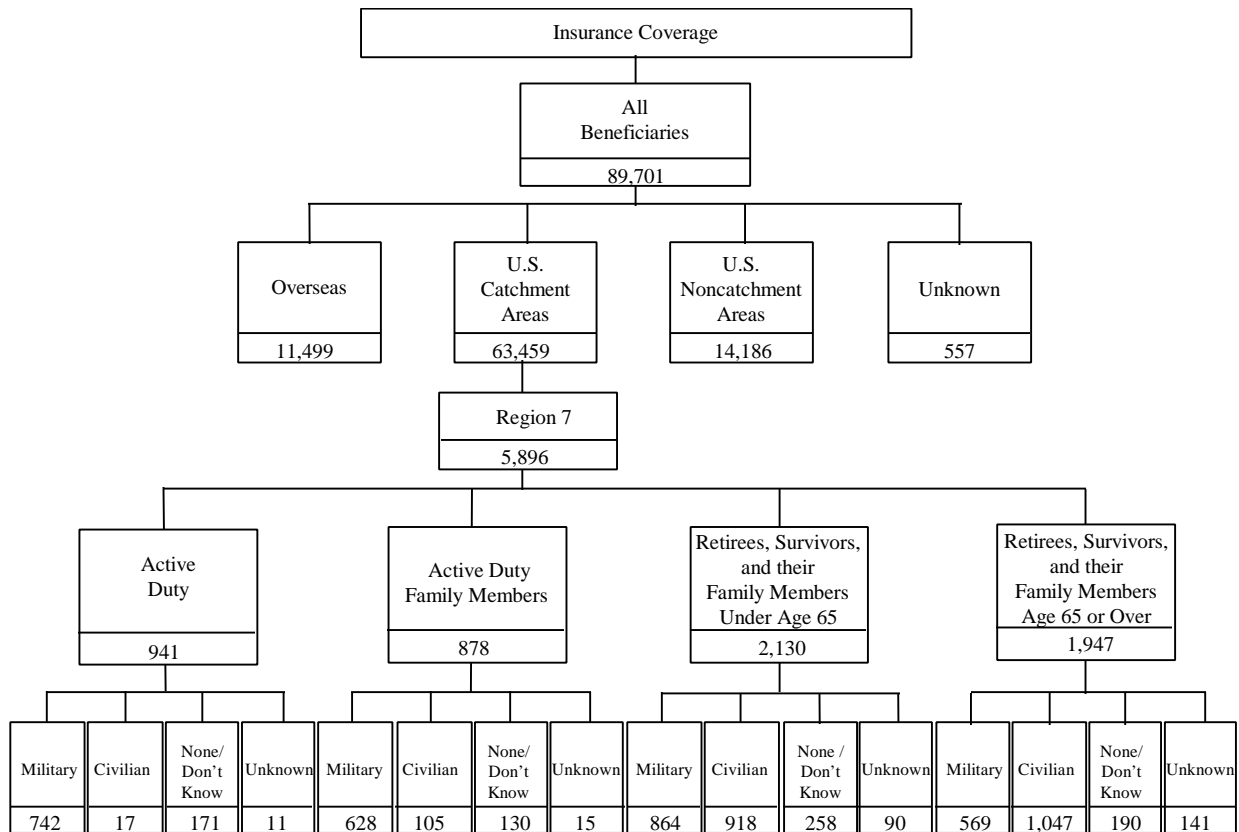


Figure 26. Insurance coverage - Beneficiaries in catchment areas in Region 7, Desert States, by beneficiary type and regular source of care

Table 26a [Insurance Coverage - Beneficiaries in Catchment Areas in Region 7, Desert States](#)

Table 26b [Insurance Coverage - Beneficiaries in Catchment Areas in Region 7, Desert States - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

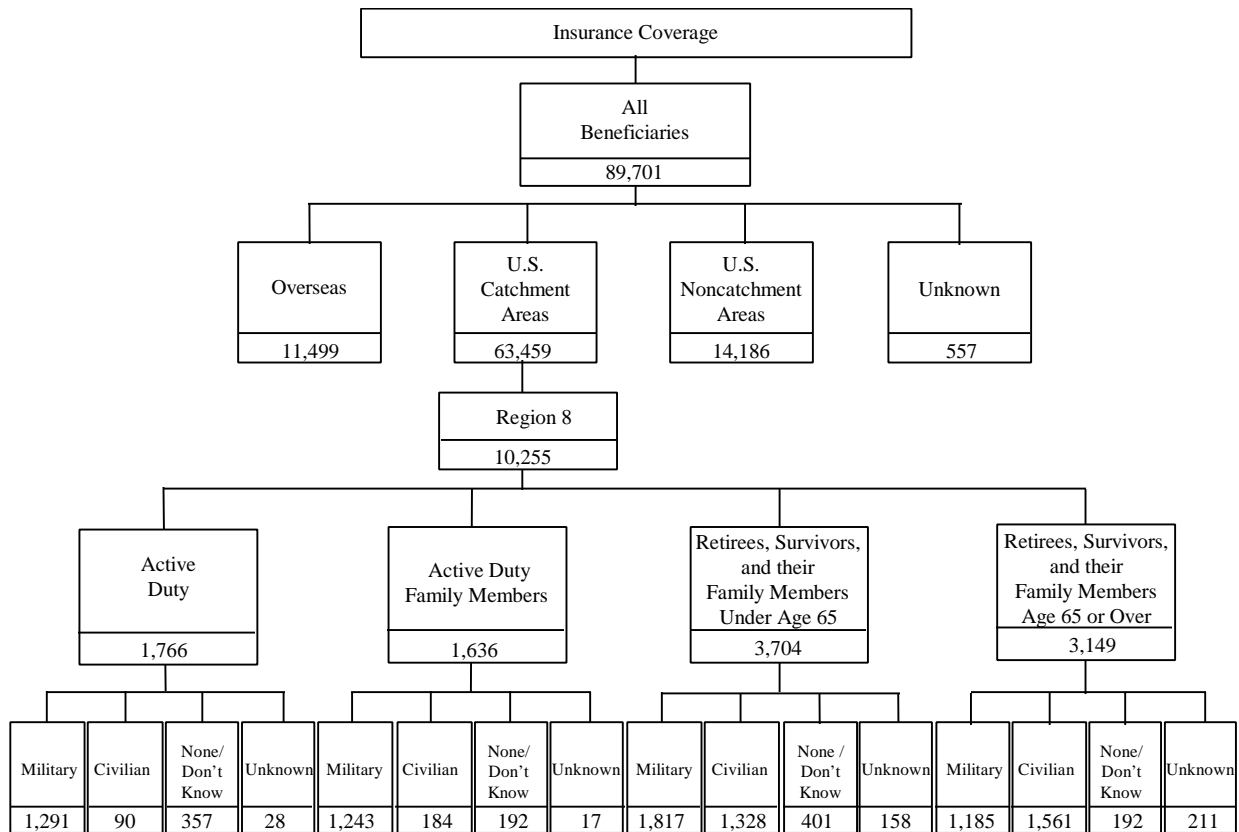


Figure 27. Insurance coverage - Beneficiaries in catchment areas in Region 8, North Central, by beneficiary type and regular source of care

Table 27a [Insurance Coverage - Beneficiaries in Catchment Areas in Region 8, North Central](#)

Table 27b [Insurance Coverage - Beneficiaries in Catchment Areas in Region 8, North Central- Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

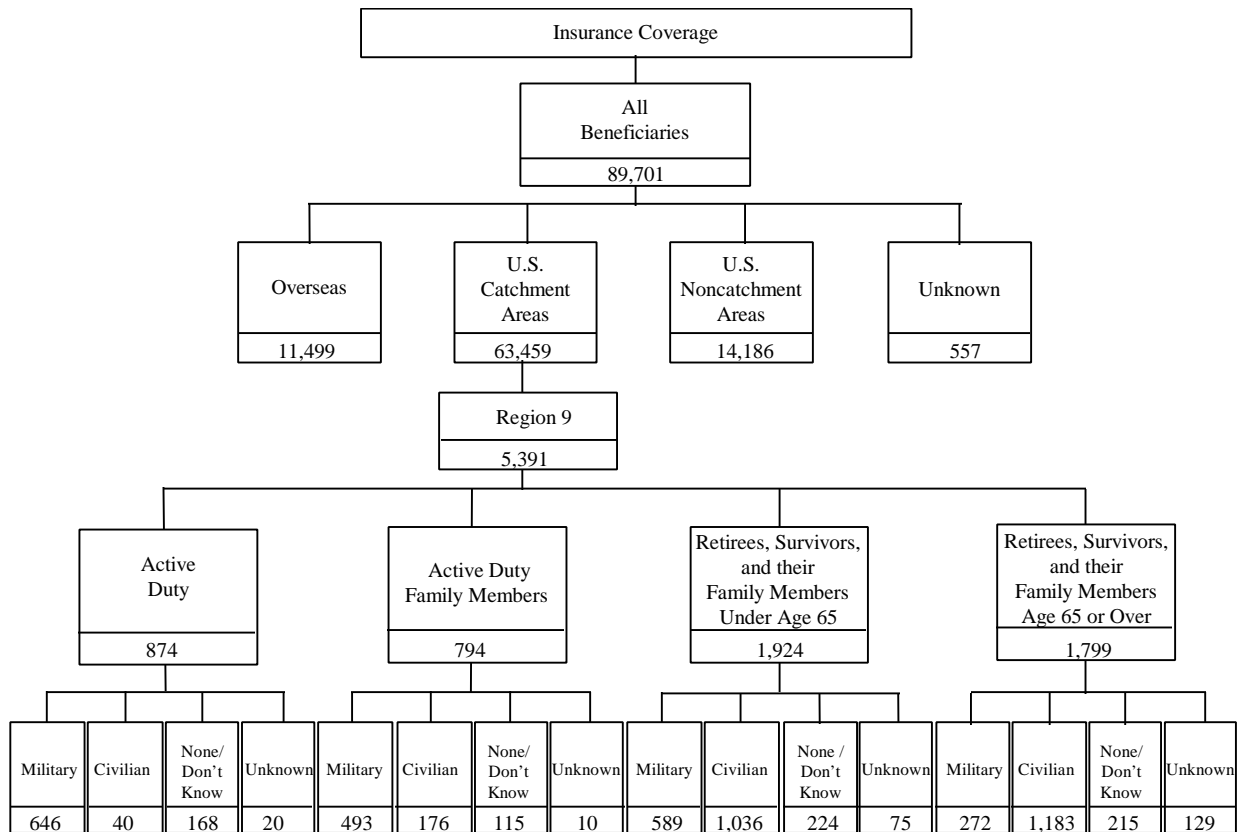


Figure 28. Insurance coverage - Beneficiaries in catchment areas in Region 9, Southern California, by beneficiary type and regular source of care

Table 28a [Insurance Coverage - Beneficiaries in Catchment Areas in Region 9, Southern California](#)

Table 28b [Insurance Coverage - Beneficiaries in Catchment Areas in Region 9, Southern California - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

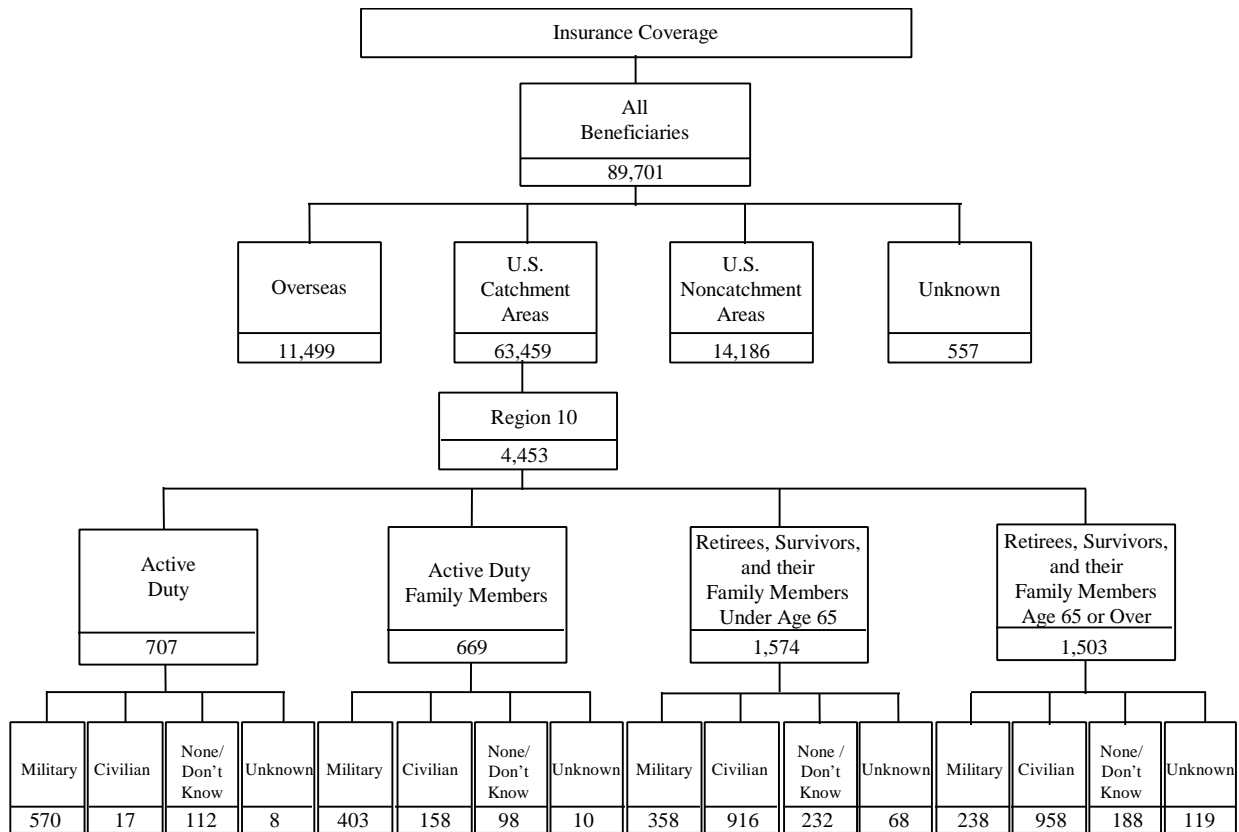


Figure 29. Insurance coverage - Beneficiaries in catchment areas in Region 10, Golden Gate, by beneficiary type and regular source of care

Table 29a [Insurance Coverage - Beneficiaries in Catchment Areas in Region 10, Golden Gate](#)

Table 29b [Insurance Coverage - Beneficiaries in Catchment Areas in Region 10, Golden Gate - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

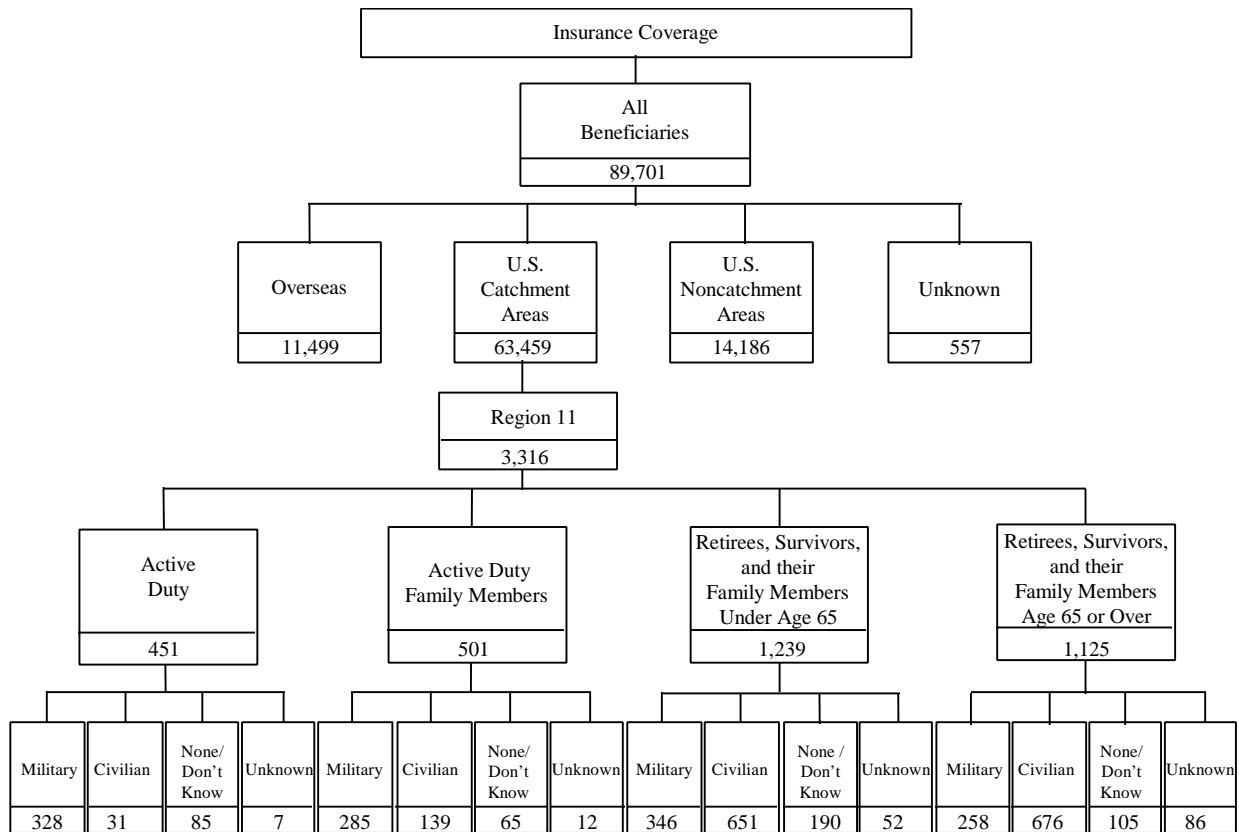


Figure 30. Insurance coverage - Beneficiaries in catchment areas in Region 11, Northwest, by beneficiary type and regular source of care

Table 30a [Insurance Coverage - Beneficiaries in Catchment areas in Region 11, Northwest](#)

Table 30b [Insurance Coverage - Beneficiaries in Catchment areas in Region 11, Northwest - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

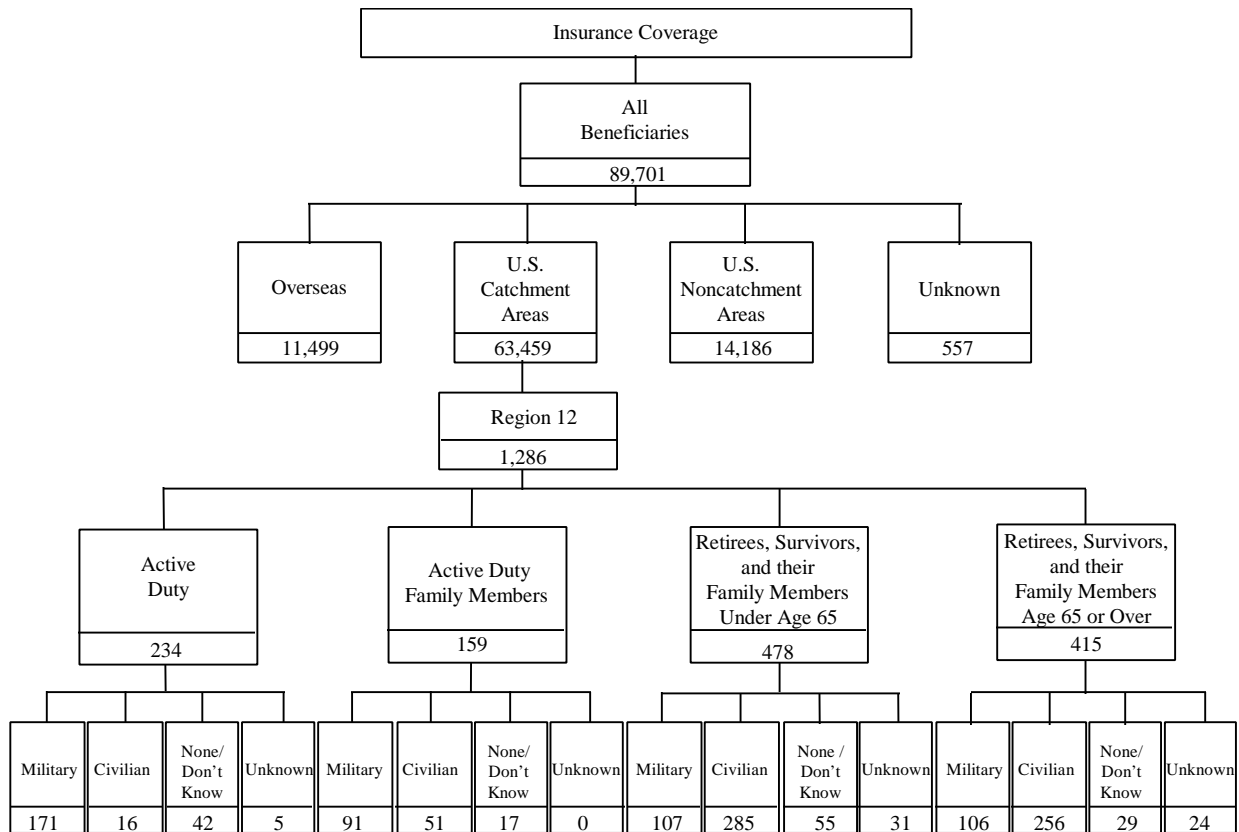


Figure 31. Insurance coverage - Beneficiaries in catchment areas in Region 12, Hawaii Pacific, by beneficiary type and regular source of care

Table 31a [Insurance Coverage - Beneficiaries in Catchment Areas in Region 12, Hawaii Pacific](#)

Table 31b [Insurance Coverage - Beneficiaries in Catchment Areas in Region 12, Hawaii Pacific - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

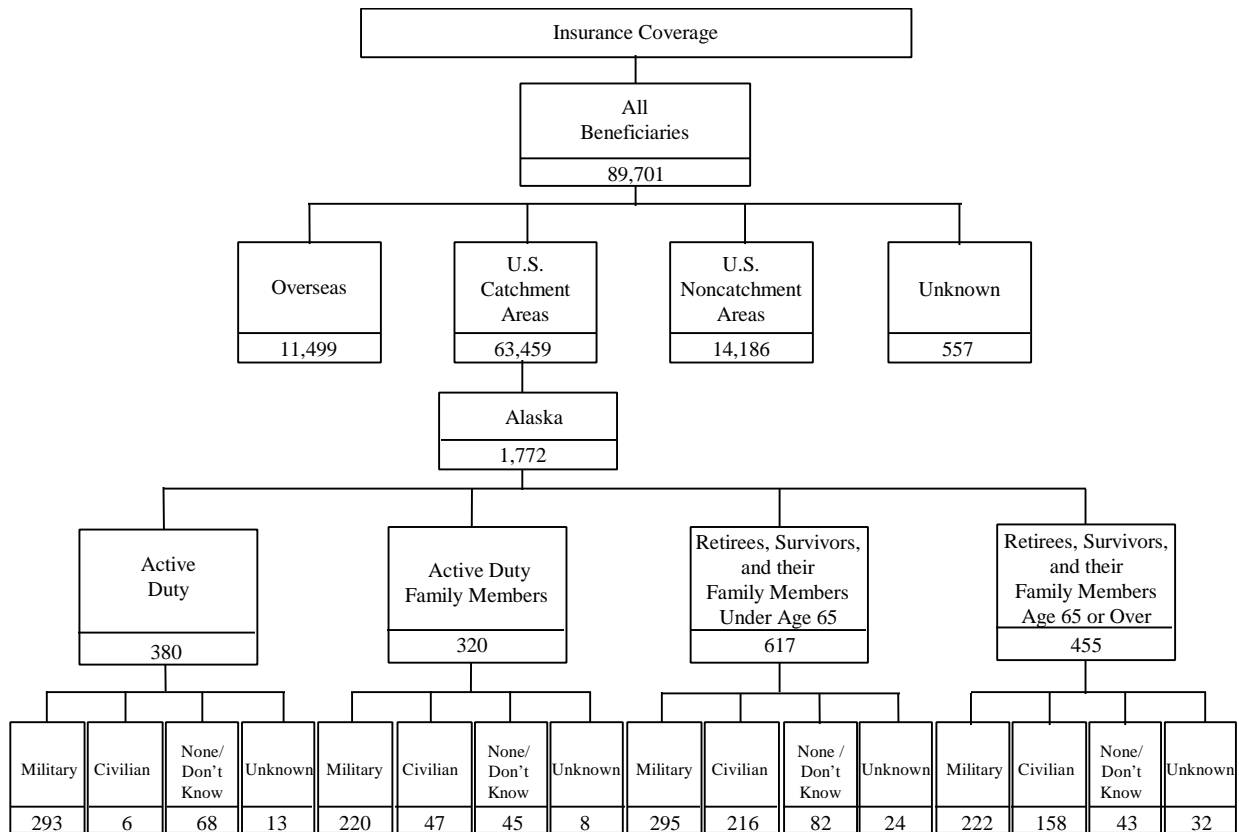


Figure 32. Insurance coverage - Beneficiaries in catchment areas in Alaska by beneficiary type and regular source of care

Table 32a [Insurance Coverage - Beneficiaries in Catchment Areas in Alaska](#)

Table 32b [Insurance Coverage - Beneficiaries in Catchment Areas in Alaska - Unweighted and Effective Sample Sizes of Beneficiaries with Insurance Coverage By Beneficiary Type and Regular Source of Care](#)

REFERENCES

Brundage, T., Chu, A., and Davis, B. (1997). *1996 Health Care Survey of DoD Beneficiaries Technical Manual - Form A* (DMDC Study Report 96-004). Arlington, VA: Defense Manpower Data Center